PLACE OF DEATH	STATE OF MARYLAND		
County Baltinine 1/20	3169 CERTIFICATE OF DEATH		
101	Registered No. 76		
Village or Gity New White Hall (No.	St; Ward) [It death occorred a hospital or institution give its NAME loste of etreet and pumber,		
* FULL NAME fullelle Cly che	the consony		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, Write the word)	16 DATE OF DEATH Murch 16, 1913 (Month) (Day) (Year)		
* DATE OF BIRTH March 16 19/3	17 I HEREBY CERTIFY, That I attended deceased fro		
(Month) (Day) (Year) 7 AGE If LESS than	that I last saw has alive on March, 4,1913		
73 yrs. / mos, / ds. or min.?	The CAUSE OF BEATH* was as follows:		
(a) Trade, profession, or particular kind of work. (b) General nature of Indostry,	lelumie Mifshistis		
business, or establishment in which employed (or omployer)	Contributory Un almis		
BIRTHPLACE (State or country) Maryland	(Secondary) (Diration) 7 yrs, mos 6 do		
10 NAME OF Joshua andusm	(Signed) Willard Stribus, M. D		
State or country) Maryland	State the Displace Carring Drings on In death of		
of Mother Mary Jane Bell	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)		
13 BIRTHPLACE OF MOTHER (State or country) Maryland,	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,		
(Informant) Car and My KNOWLEDGE	It not at place of death?		
(Address) While Hall, Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL West Literal Men 19 1013		
Filed March 18, 1913 WMillar & Stutiers	20 UNDERTAKER ADDRESS Mite Hall M.		
If more blanks are needed, address State Registrat	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indidutles of the household only (not paid Housekeepers additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliheen changed or given up on account of the DISTASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. .1s examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, first line will be sufficient, e. g., tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (a) the kind of work and also (b) return "Laborer," Farmer or Planter, For persons "Foreman," the second (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Purrerral scottchaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla "Contributory." sensis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by rallway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds., affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of . ture of the American Medical Association.) Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1918
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD THE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN No. 1.

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	PLACE OF DEATH 3170	STATE OF MAR CERTIFICATE OF	
Co	unty Ballinure Co		
	01	Registered	No. 36
VI	11age or City Shane mary and 2 FULL NAME William Her	ry (Umony	[if death occurred is a hospital or institution give its NAME instead of streef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	PEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDINORCED (Write the word) & cree	16 DATE OF DEATH (Month) 17 J HEREBY CERTIFY, That I at	(Day) (Year)
6 DA	TE OF BIRTH Del (Day), (Year)	that I last aaw how allve on Marc	ech 3, 1915,
7 AG	If LESS that 1 day,hrs OR min. ?	and that death occurred on the date stated ab	ove, at Line Am
busin which	General nature of industry, ess, or establishment to Farmera h employed (or employer) TAPPLACE tee or country) Mariland	Gontributory (Secondary) (Duration)	
	10 NAME OF HENRY D. almony.	(Signed)	, M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18	*State the Disease Causing Death, or, in Causes, state (1) Means of Injury; and (2) Tal, Suicidal, or Homicidal.	deaths from VIOLENT 2) whether ACCIDEN-
Δ.	of Mother ma Cli abity Belle 13 BIRTHPLACE OF MOTHER (State or country) Maryland LE AROYE IS TRUE TO THE MEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INCORRECENT RESIDENTA) Af place In the of death	YIS MOS ds.
	nformani) Me C. L. Churry	If not at place of death? Former or usual residence	
15 Files	(Address) While Hay had	Dernorth, E. Cemeter, 2 20 UNDERTAKER A	DDRESS
	If more blanks are needed, address State Registrar, 6	- THE CONTRACT OF THE CONTRACT	tule /taly his

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a). Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the death causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinospinaeumonia, meninges, peritonaeum, etc., Carcinospinaeumoniaeumoniaeum, etc., Carcinospinaeumoniaeum, etc., Carcinospinaeumoniaeum, etc., Carcinospinaeumoniaeumoniaeum, etc., Carcinospinaeumoniaeumoniaeum, etc., Carcinospinaeumoniaeumoniaeum, etc., Carcinospinaeumoniaeumoniaeum, etc., Carcinospinaeumoniaeu

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Puerperal septichuemus," "Old Agc." "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis mant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1913
BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING W. S. No. 1.

County Baltmine 3171	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 35
Village or City Hoffmawille (No	st; Ward) [it death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married Whole (Write the word) 6 DATE OF BIRTH 1893 hovember 19, 1	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Month) 17 I HEREBY CERTIFY, That I attended deceased from (Month) 1913
7 AGE (Month) (Day) (Year) 7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 1/ P. m The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Commod	Contributory Cardiac & Respira. (Secondary)
10 NAME OF FATHER Daniel W. Hilker 11 BIRTHPLACE OF FATHER (State or country) Baltimore Co, Ma 12 Maiden NAME OF MOTHER Cora Coltrider 13 BIRTHPLACE OF MOTHER (State or country) Baltimore Co Md	(Signed)
(Intermant) Daniel W. Hilker (Address) Freeland Md 18 Filed MA 123, 1913 Joseph 17 acdem	Where was disease contracted, It not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL ADDRESS TO UNDERTAKER ADDRESS TO UNDERTAKER ADDRESS
If more bianks are needed, address State Registral as herehe for Refined while	r, G E. Franklin St., Balto, Requesting V. S. No. 1. Franklin St., Balto, Requesting V. S. No. 1. Factor Trabest Not Legisland -

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salcsman, .Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Houscuife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purereral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aect-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For vic-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ver" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 3 1913
BUREAU, V. S.

No.

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PLACE OF DEATH OLG	STATE OF MARTEAND
Buttone Port	CERTIFICATE OF DEATH
County	Registered No.33
Village or City(No	St; Ward) [It death occurred in a hospital or institution
11	give its NAME instead of street and number.]
2 FULL NAME // Land	Jaker
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED, WIDOWED, June	(Month) (Day) (Year)
Temale white (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	191 to 191
March 13 ,19/3	that I last saw half allive on Manch 13 11 1913
(Month) (Day) (Year)	
7 AGE 2 Love 1 LESS than 1 day,hrs.	and that double occurred out the date stated above, at p. s. t. t.
2 day,hrs.	The CAUSE OF DEATH . Was as follows:
BOCCUPATION	- Red before the arrival 7 physician
(a) Frade, protession, or	Congrupia Washingto, Of 1
particular kind of work	Shangulation
(b) General nature of industry, business, or establishment in	(Duration) yrsmosds
which employed (or employer)	Contributory
State or country) 2001 an Ville Mide	(Secondary)
10 NAME OF A	(Ouration) yrs mos ds
FATHER STORY OF BOLLS	(Signed) C. B. Nilleland S. M. D.
11 BIRTHPLACE	31. 4:, 1912 - (Address) Slen Bock Pg,
C OFFATHER	*State the DISEASE CAUSING DEATH, or In deaths from VIOLENT
M 12 MAIDEN NAME A	CAUSES, state (1) MEANS OF INJUBY; and (2) whether ACCIDEN- TAL, SUICIDAL, OF HOMICIDAL.
(State or country) Cakla Mide 12 MAIDEN NAME OF MOTHER MGG GO Chiefly Mide	19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE	At place in the
(State or country) (A State of Co M	ot death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Kati Baleer	If not at place of death?
(Informant)	usual residence.
(Address) Inelvo Madi	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	- St fauls Cemeley Month, 191 3
Filed Mord 14, 1913 Joseph Slada	20 UNDERTAKER ADDRESS
LA COLL REGISTRAR	Lenge L. Maker Frederick me

STATE OF MARYLAND

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers additional line is provided for the latter statement cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. ented thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the heen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has As examples: For persons "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted form for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid meumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenciainjury, as fracture of skuff, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senife," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify ail diseases resulting from tetanus) may be stated under the head (Recommendations on statement of (name origin; "Candeath), 29 ds.; Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 3 1918 BUREAU, V.S. PLACE OF DEATH

County Balto 3173	CERTIFICATE OF DEATH
Village or City Highlandlown Fa	Registered No. [it death occurred to a hospital or institution, give its NAME lostead of streat and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, Gragle, WIDOWES, OR DIVIDACED (WHILE the Word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	12-12 191 to 3-2- 1913 that I last saw her alive on 3-2- 1913
If LESS than 1 day,hrs. ORmin. ?	and that death occarred on the date stated above, at 15 mm, The GAUSE OF WEATH *, was as follows: 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
a) Trade, profession, or particular kind of work	+ Broticho premiones
(b) General nature of iodustry, business, or establishment in which employed (or employer)	(Duration) yrs 2mos ds
Sirthplace (State or country) Balto	Secondary Comps (Ouration) yrs mos s.
on 11 BIRTHPLACE LOUIS & Banknell	(Signed) 34.8 E. Backo Sk
OFFATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Laura Masonald 13 BIRTHPLACE OF MOTHER (State or country) Balto	SELENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos ds.
(Informant) Source S. Banknell	Where was disease contracted, If not at place et death? Former or usual residence
(Address) 3520 Harriment Mr.	St. Transcal Date of Burial Man 3: 1913:
FIRSTERE Z. 181 W.E. The Clausteau of REGISTRAN	Windell Sippel Son 330 S. Bond 24
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iddefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OR AS probably such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEEPERAL peritonitis," etc. childbirth or miscarriage, as "Purereral scottchaeetc., when a definite disease can be ascertained as the ibus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) Accidental drowning; Struck by railway train—accithenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for

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APR 5 1918
BUREAU, V.S.

RECORD

N. B.— Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very

See instructions on back of certificate.

Important.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

PLACE OF DEATH 3174	STATE OF MARYLAND CERTIFICATE OF DEAT
ty.	Registration Dist. No

County Balterius	CERTIFICATE OF DEATH
ounty	Registration Dist, No.
Village or City Texas (No	St.; Ward) [If death occurred is a hospital or institution give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	that I last saw har alive on Mar. 94, 1913
AGE about yrs. mos. ds. OR. min.?	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession, or particular kind of work	Clooplery Siplans
which employed (or employer) BIRTHPLACE State or country) SENSON	(Buration) yrs mos ds Contributory Or fire Solemi (Secondary)
11 BIRTHPLACE	(Signed) Der Birrey, M. D. Der 10, 1913 (Address) Der 20 Mil
OFFATHER (State or country) Mylwowe	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
(interment) Balts le alun Hour Reeral	Where was disease contracted, alum from Former or usual residence. Mt Wincens Md
(Address). Lexas Mills	19 PLACE OF BURIAL OR REMOVAL Marial Marial 20 UNDERTAKER ADDRESS
Filed , 191 REGISTRAR	M. S. Finit Baltinin

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Scrvant, Cook, Housemaid, etc. If the occupation bus of persons engaged in domestic service for wages, as minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the piscass Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis." etc. childbirth or miscarriage, as "Purrement scottchaecause of death approved by Committee on Nomencia "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned sucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unicss important. nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ture of the American Medical Association.) scpsis, tctanus) injury, as fracture of skuil, and consequences (e. g., Accidental drowning; Struck by railway train—acci-"Hart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As valvular heart discase; Chronic interstitial nephritis The contributory (secondary or intercurrent "Old Age," "Sbock." Always qualify all diseases resulting from "Sentle," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of 'Traemia," "Weakness," (name origin; "Can State cause for Examples:

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Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.

VIIIage or City Highlandtan No. 391/	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S DATE OF BIRTH (Month) (Day) (Tear)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Line States 191
TAGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (h) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory (Secondary)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF BURGUE OF MOTHER OF MOTHER OF MOTHER OF MOTHER (State or country)	(Signed)
(Address) 3911 For Claushay	Where was disease contracted, If not at place of death? Former or OSUAI residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Begistran	To Sander Sans 17/0 Weet 0

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only enot paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," 6

Statement of cause of death—Name, first, the DISEASE CAUSINO DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, portionaeum, etc.. Carcinoses of lungs, meninges, portionaeum, etc.. Carcinoses

sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning, Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the ipus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition." "Maras. genital," "Senile," etc.), thenia," "Anacmia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Potsoned "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-Examples:

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RECEIVED

APR 5 1913

BURFAU, V.S.

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County Baltimere 3176	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Cult Hell (No.	Registered No
* FULL NAME Milliam Mils	Billingsley of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDIGAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE S SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, Wile the word)	16 DATE OF DEATH March 7, 1913 (Menth) (Day) (Year) 17 ! HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	that I last saw h and allve on march 7 1913
7 AGE 22 yrs // mos 22 ds OR min.?	and that death occurred on the date stated above, at 4 40 P.m. The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, protession, or particular kind of work as few terms	Lobar Mumoma
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Labour Musumonia (Secondary)
10 NAME OF James M. Bellingsley	(Signed) Morris B. Green, M. D. March 7, 191 3 (Address) Hamilton Ind
Z OF FATHER (State or country) Mary and 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Mary and	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mos ds. Where was disease contracted,
(Informant) James M. Billingsbury	It not at place of death? Former or usual residence
(Address) Glan arm. Yliof, 15 Filed Mass, 1913 My Claybox REGISTRAN	Mangh Chapel Cemetery March 10, 191 3
If more blanks are needed, address State Registrar	C. 6 E. Franklin St., Balte., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). CAUSING NEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be snfficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. essary to know Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (a) the kind of work and also (b) Farmer or Planter, For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-irospinal meningitis"); Diphihoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc. Carcin-

dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purrerral septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligture of the American Medicai Association.) "Contributory." Accidental drowning; Struck by railway train—accimere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Karcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Oan-State cause for Never repor Examples:

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county balto	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Delight (No.)	Registered No. St; Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white Single, Married, Widown Orolyorces (Write the word) B DATE OF BIRTH Confined to the word of the word	18 DATE OF DEATH March 24, 1913. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191, 191
(Month) (Day) (Year) 7 AGE If LESS than day, hrs. ds. OR	and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows: Itherial Attributes: Found Dead sitting at his
particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Balto Co Md	table, Coronor's July rendered verdict. Contributory Death from natural (Secondary) Causes (Dyration) Causes (Dyration) Causes (Dyration) (Secondary) (Secondary)
10 NAME OF FATHER Charles Blissand. 11 BIRTHPLACE OF FATHER (State or country) Coatto Co Ind 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Robert Herry M. D. Llarel 24/1913 (Address) Robert Acting Courses, state the Disease Causing Death, or, in deaths from Violent Causis, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) UM Knowen 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death?
(Address) 15 Filed Zesch 25, 191 3 The Registrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MT Yellard Councily Mar 2.7, 191.3 20 UNDERTAKER Cline Ruslestown
if more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many applies to each and every person, irrespective of age who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples For persons

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinali,

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purpresal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough: Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," etc. State cause for (name origin: "Can Examples: For vio-

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No.

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See instructions on back of certificate.

	age or Ci	L NAME 7	velle,		/
		NAL AND STATIST	IGAL PARTICUL	ARS	
SEX	all	4 COLOR OR RACI	6 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the wo	ngl.	16
DAT	E OF BIRT	- Zu	Nawa	, 1	17
AGE	abo	Month	years	It LESS than 1 day,hrs.	and
(a) Tra particu (b) Ge busines	UPATION ade, protession, ular kind of wo neral nature of	ork	herman	OR	******
(a) Tra particu (b) Ge busines which	ade, protession, ular kind of wo neral nature o ss, or establi employed (or e	or Jis ork Jis f Industry, shment in	herman	OR	
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(a) Traparticum particum particum particum particum particum (b) Ge busines which BIRT (Stat	ade, protession, ular kind of wo merai nature o ss, or establi employed (or e THPLACE e or country	or Jis ork Jindustry, shment in employer)	herman	OR	(Sig
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(a) Tropartico partico (b) Gebusines which Stat	ade, protession, ular kind of wo merai nature o ss, or establi employed (or of THPLACE e or country O NAME OF FATHER 1 BIRTHPL OFFATH (State or c 2 MAIDEN OF MOTI	ork Jis findustry, shment in employer) sheek hour armheria Acce leer ountry) NAME when	herman vu vu vour	OR	(Sig

3178

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

FILL	O1	Di	LAI	11
Dodlet		NI.	4	4

St; Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

	CERTIFICATE OF		
16 DATE OF DEATH	gnasel (Month)	april 6	, 1913
17 I HEREBY	GERTIFY, That I	(Day)	(Year)
THERED:	OLKIIFI, INST 1	attended dec	eased tro
, 19	91, to	••••••	191
hat I last saw hall	ive on		191
and that death occurred o		abovo, at	n
The CAUSE OF DEATH*	was as follows:		
		0 4	
mi	ude	by he	ugue
			0 4
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***************************************	(Duration)	yrsm	osd
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*State the DISEASE CACAUSES, state (1) MEAN TAL. SUICIDAL, OF HOMICOR RECENT RESIDENCE OF RECENT RESIDENCE OF GRAND STATE OF THE STATE	USING DEATH, or, I S OF INJURY; and CIDAL. CE (FOR HOSPITALS, 1 in the	n deaths from (2) whether NSTITUTIONS, 7	VIOLENT ACCIDENTACCIDENTACCIDENTACCIDENTACCIDENTACCION
*State the DISEASE CA CAUSES, state (1) MEAN TAL. SUICIDAL, OF HOMIO OR RECENT RESIDENTS) At place of death	USING DEATH, or, is of Injury; and CIDAL. CE (FOR HOSPITALS. 1 In the ds. State	n deaths from (2) whether NSTITUTIONS, 7	VIOLENT ACCIDENTACCIDENTACCIDENTACCIDENTACCIDENTACCION

Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

egainfully employed, as At school or At home. of persons engaged in domestic service for wages, as who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Segrant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—It respect to the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEBPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... "Contributory." Accidental drowning; Struck by railway train-acct-The contributory (secondary or Intercurrent) Always qualify all diseases resulting from "Senlle," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 5 1913

BUREAU, V. S.

PHYSICIANS should	of OCCUPATION IS		
N. BEvery Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is	important. See instructions on back of certificate.	

state

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No [It deeth eccurred inWard) a hospital or institution. give its NAME lostead of street and number.] 2 FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 8 DATE OF BIRTH (Month) (Day) (Year) If LESS than and that death occurred on the date stated above, at 1 day,hrs. OR ? 8 OCCUPATION (a) Frade, protession, or particular kind of work (b) General nature of Industry. business, or establishment lo which employed (or employer) Contributory (Secondary) (State or country) 10 NAME OF (Signed) FATHER 4. 1013 (Address) 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State Where wes disease contracted. It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WNDERTAKER ADDRESS REGISTRAR

3 SEX TAGE BIRTHPLACE PARENTS 14 THE ABOY 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting F. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the For persons

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cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of The contributory tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-"Exhaustion," Examples: For vio-

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RECEIVED

APR 5 1918

BUREAU, V.S.

PLACE OF DEATH

2180

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;Ward)

[If death occurred to a hospifal or Institution, give its NAME instead of sfreet and number.]

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH March 31 1913
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from
March on the miners
that I last saw he alive on Mar 30 th 1913
and that death occurred on the date stated above, at 9 m.
The CAUSE OF DEATH * was as follows:
Valvular disease of heart
(Ouration) / yrs. mos. ds.
Contributory Mutral regargetation
(Secondary)
+ failure (Duration) yrs mos ds.
(Signed) 9.1-14. Torriguesc., M. D.
Mer 31,191 & (Addrass) Sp &
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
Af place in the
of deafh yrs mos ds. State yrs mos ds
Where was disease confracted, If not at place of death?
Former or usual rasidenca
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Sparrer Pour Cintery Op- 2 , 1913
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· amity Duny to Balls
E. Franklin St., Balto., Requesting V. S. No. 1.

If more blanks are needed, address State Regls trar, 6

[Approved by U. S. Census and American Public Health Association.]

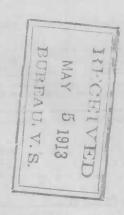
should be taken to report specifically the occupations statement. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Kervant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

G. C. M. CORNICK, M.D.

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OF

Every item CAUSE OF important.

OCCUPATION

PHYSICIANS

RECORD

ENT

3181 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Bach Registration Dist. No. [If death occurred inWard) a hospital or institution, give its NAME Instead of street and number.1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE ORDIVORCED Write the word I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h alive on (Month) (Dak) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: mos. 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. mos. Where was disease contracted. It not at place of death?. usual rasidenca DATE OF BURIAL

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

ADDRESS

[Approved by U. S. Census and American Public Heaith
Association.]

'.Grocery; (a) Foreman, (b) Automobile factory. "(a) Spinner, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. material worked on may form part of the second It should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industy; and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons

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APR 5 1913
BUREAU, V.S.

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

Village or City Mar woodensfung	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 33 [if death occurred in a hospitat or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WICCOUN WIDOWED, ORDIVORCED (Write the word) 8 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1913, to Mul. 19, 1913, that I last saw her alive on Mul. 164, 1913
SG yrs. S mas. /S ds. OR. min. ? **OCCUPATION** (a) Trade, profession, or particular kind of work. **Manual Community of the profession of the particular kind of work. **The particular ki	and that death occurred on the date stated above, at 6 Pm, The CAUSE OF DEATH* was as follows:
(b) Beneral nature of Industry, business, or establishment in which employed (or employer) Pattor Co Md 10 NAME OF FATHER William Blace OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) (Duration) yrs. mos. / O. ds. Contributory Tagger (Secondary) (Secondary) (Duration) yrs. 3 mos. ds. (Signed) yrs. 3 mos. ds. (Signed) yrs. 3 mos. ds. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Comma & Bleakley	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place in the ot death yrs, mos. ds. State yrs, mes. ds. Where was disease contracted, if not at place of death? Former or usual residence.
Address) MOO Aussburg M. 9 15 Filed Need 22, 1813 IT M Stade REGISTRAR If more blanks are needed, address State Begistrar	Pleasant Hill Centy Mar 22, 191.3. 20 UNDERTAKER PLANCE PLANCE APPRESS BE. Franklin St., Balto., Requesting V. S. No. 1. MARCHARLES DATE OF BURIAL MARCHARLES DATE OF BURIAL APPRESS Reshewhour B. D. Franklin St., Balto., Requesting V. S. No. 1.

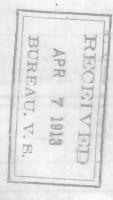
[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile fuctory. It should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: But in mauy 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-tosis of tungs, meninges, peritonacum, etc., Carcin-

childbirth or miscarriage, as "Purspersal septicharinjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia." "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvulur heart disease; Chronic interstitial nephritis nant ncoplasms) : Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conmerc symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. oma. Sarcoma, etc., of ... is less definite; avoid use of "Tumor" for maily The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples: For vio-

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD FOR BINDING RESERVED MARGIN V. S. No. 1.

County Back 3183	STATE OF MARYLAND CERTIFICATE OF DEATH	
0-	Registered No. 43	
Village or City Which munst.	St; Ward) [If death occurred in a hospital or institution give its NAME instead	
FULL NAME Joseph 7	Bowers of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WILDOWEDD ORDIVORED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That 1 attended deceased from	
GOATE OF BIRTH MICH 14, 1864	, 191, to	
(Month) (Day) (Year) 7 age If LESS than	that I last saw h alive on	
7 AGE If LESS than 1 day, hrs. 20 ds. OR min.?	and that death occurred on the date stated above, at 6-34 A m, The CAUSE OF DEATH* was as follows:	
OCCUPATION (a) Trade, profession, or particular kind of work Cashpeul	dustrily for Arun	
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory 2 P. Contributory	
State or country) Md	(Secondary) (Duration) (Duration) (Secondary) (Duration)	
10 NAME OF 7. Joseph Bowers	(Signed) Frank & Forche Corons	
11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT	
12 MAIDEN NAME Merry Myris	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
13 BIRTHPLACE OF MOTHER (State or country) Liminary	OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.	
(Informant) Mus andy Bowtes	Where was disease contracted, If not at place of death? Former or usual residence.	
(Address) Which mursh mf	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
Filed Mch 14, 1913 W. F. Clayton. REGISTRAR	20 UNDERTAKER OF ADDRESS	
if more blanks are needed, address State Registrar, 6 I	E. Franklin St. Ratio Requesting V S. No. 1	

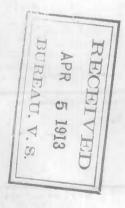
[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, Grocery; (a) Foreman, (b) Automobile factory. statement. cated thus: Farmer (retired 6 yrs.). For persons material worked on may form part of the second it should be used only when needed. As examples: who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is nec-For many occupations a single word or, term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc., Carcinospical discontinuous desired desired

ture of the American Medical Association.) childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemla," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg which surgical operation was undertaken. oma. Sarcoma. etc., of ... The contributory (secondary or Intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 Never report Examples: For vio-

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T. B. No. 1.

	PLACE OF DEATH 3184	STATE OF MARYLAND
	dattimore "	CERTIFICATE OF DEATH
G	ounty.	Registered No. 33
٧	illage or Gity Owings hull (No.	St; Ward) [If death occurred to a hospital or Institution,
	* FULL NAME Elizatieth	Toay show give its NAME lostead of street and comber.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVERGED (Write the word)	16 DATE OF DEATH Masch /4, 191.3. (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH masch 14, 191	3 march 4, 1913, to march 14, 1913.
7	(Month) (Day) (Tear	
7 A	1 day,	and that death occurred on the date stated above, at
	5 8 yrs. 7 mos. Ods. OR. min.	The GAUSE OF DEATH'S Was as follows:
(a)	CCUPATION 1 Trade, profession, or ricular kind of work Amocupue	or Bomcho
(b) General nature of industry, business, or establishment la which employed (or employer)		(Duration) yrs. mos. ds.
9 B	RTHPLACE tate or country) maryland	Gontributory (Secondary) (Deration) yrs mos ds.
	10 NAME OF James Brayshew	(Signed) Ameth , M. D.
TS	11 BIRTHPLACE OF FATHER	March 14, 1913. (Address) 14 2) Woland Um
ARENT	(State or country) Eugland 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
/d	13 BIRTHPLACE OF MOTHER (State or country) Scotland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds.
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant, R. A. Bogge	Where was disease contracted, If not at place of death? Former or usual residence.
16	(Address) Civings Maille	Low Jow Jarl Mar. 16, 1913
Fil	mele 14 1913 Hmslade	29 UNDERTAKER ADDRESS
	REGISTRAR	Moracy Burger For 363/ Falls Roas
	if more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balfo., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer." As examples: "Foreman,"

Statement of cause of death—Name, first, the diblease causing death—Is affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tctanus) may be stated under the head by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Pursperal septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. thenla," "Anacmia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." lnjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the genital." "Senile." etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.: nant neoplasms) : Measles; Whooping cough: Chronic oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy." (name origin; "Can-"Exhaustion," Never report Examples: For vio-

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RECEIVED

APR 7 1918

BUREAU, V. S.

. S. No. 1.

Very OCCUPATION RECORD PERMANENT ciassified. D roper supplied. may certificate. of pe back rms, should 00 instructions Information plai 2 I of DE item OF mportant. Every II m z

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in St.:....Ward) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, Widows WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from (Day) (Year) (Month) 7 AGE if LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Irada, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER ar 26, 1913. (Address). 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 2 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At piace OF MOTHER yrs. 4 mos. / 6 State or country) Where was disease contracted If not at place of death? usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS .. 191...

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

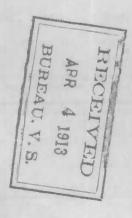
[Approved by U. S. Census and American Public Health
Association.]

Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or indust j; and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The quastion Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative licalthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purreral scottchae ture of the American Medical Association.) cause of death approved by Committee on Nomencia scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. which surgical operation was undertaken. For vio mia," "Puerpeaal peritonitis," etc. cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemla," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Con mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Measles (disease causing death), 29 "Senile." etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (name origin; "Can State cause for Examples:

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Very 10 Should OCCUPATION PHYSICIANS RECORD Jo statemen PERMANENT Exact classified. pe P properly supplied. pe may certificate. that 80 ō pe back terms, should piain instructions in a of inform DEATH See instri Hem mportant. 0 CAUSE

STATE OF MARYLAND 1 PLACE OF DEATH 3186 CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in (No. St.;....Ward) a hospital or institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SINGLE, WARRIED, WYG 16 DATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 18 , 1913 to Ellauch (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 10 -30 Pm 1 day,hrs. The CAUSE OF DEATH * was as follows: o mos. ds. OR min. ? 6 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, 30 Menne business, or establishment in (Quration) which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE 1916 (Address) Lozo I Z OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT arm PARE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO BEST OF MY KNOWLEDGE if not at place of death? Former or (Intermant) -usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Wa us and (Address) -----15 20 UNDERTAKER ADDRESS REGISTRAR ousers If more blanks are needed, address State Regis trar, & E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin

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APR 4 1913
BUREAU, V.S.

۷ ۸		PLACE OF DEATH	STATE OF MARYLAND	
- N		Balting (CERTIFICATE OF DEATH	
bind sl	Co	unty 10 acr 114012	Registration Dist. No.	
DINS	Vi	Hage or GIN Highlan Storm, No. 3618	Casteru Cuss (Ward) [if death occur a hospital or insigive its NAME	titutio instea
O NO		2 FULL NAME Margaret 1.	Jurgamy. Ot street and nun	nber. j
PHY				-
Y. ent			-	_
XACTL	3 SE	MARRIED, Wildowso, Surgla	(Month) (Day) (Ye)/ 3 (ar)
	6 D		Dec. 2 5 7/10/01/31	from
PE State Ex		March 14 , 911	2-1-34	7
De s		(Month) (Day) Year)		4
IS uld assi	TAG	I LESS INAII 1 day,hrs.		П
AIS sho		7/yrsmosds. ORmin.?	The CAUSE OF DEATH* was an ionows:	
OE Peri			45 / 4 /	• • • • • • •
Pro Pro	par	ticular kind of work	Bronchetto Subrando	-
lied.			(Duration) vrs. 8 mos	ď
Z da	whi	ch employed (or employer)		u
AD Ily s It n	9 BI	RTHPLACE (ate or country) Balten on Soits.	(Secondary)	
N Frefu		10 NAME OF O	(Duration) yrs mos./ 2	d
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ouic erm n ba	N N	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Viol CAUSES, state (1) MEANS OF INJURY; and (2) whether Accel	LENT
LY,	AR	12 MAIDEN NAME OF MOTHER AND SECOND		
	0.	13 DIRTURIACE	OR RECENT RESIDENTS	IENT
PL orm 1 in		OF MOTHER (State or country) Batternon City.	of death yrs mos ds. State yrs mos	0
AT I	147		Where was disease contracted, if not at place of death?	
RIT of DE See		interment William W. Burgamy	Former or	********
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ż	-		E. Franklin St. Balto., Requesting V. S. No. 1.	6
	WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD m of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is See instructions on back of certificate.	WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD y item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ortant. See instructions on back of certificate.	County Patting or City Pyphlau Story of Standard or County Personal and Statistical Particulars Personal An	County Battern on Dist, No. III I I Registration Dist, No. III I I I I I I I I I I I I I I I I I

3187

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But ln many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (@

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasent); Lodar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childblrth or miscarriage, as "Purpresal scottchacmus," "Old Age," "Shock," 'Traemla," "Weakness," such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite discase can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras thenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) Injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convulsions," "Debility" Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis zer" is less definite; avoid use of "Tumor" for mails by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.: State cause for Examples:

If this certificate is looked over thoroughly and all quetions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 5 1913
BUREAU, V.S.

BINDING FOR RESERVED MARGIN

statement certificate. jo back 00 DEATH in plain Instructions

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1 PLACE OF DEATH (No..... PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED Write the word) 6 DATE OF BIRTH (Month) (Day) 7 AGE mos, BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----⁹BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country BEST OF MY KNOWLEDGE

3188

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STATE OF MARYLAND CERTIFICATE OF DEATH

Redistration Diet

y & Sena /	St.;Ward)	[If death occurred in a hospital or institution give its NAME losteared street and nomber.]
-	CERTIFICATE OF D	FATH
16 DATE OF DEATH	7	2
***************************************	(Month)	
I HEREBY		ended deceased from
)1 -to -	
hat I last saw hali		
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he CAUSE OF DEATH	9	
Still 10	Del.	*******************************
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2001		1 1
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*State the DISEASE CAUSES, state (1) MEANS TAL, SUICIDAL, OF HOMIC	USING DEATH, or, In d S OF INJURY; and (2 CIDAL.	eaths from VIOLENT) whether ACCIDEN-
16 LENGTH OF RESIDENC	E (FOR HOSPITALS, INS	TITUTIONE, TRANSIENTS
At place	In the	
t death yrs mos	ds. State	yrs, ds.
Yhere was disease contracted, f oot at place of death?		
Former or		
usual residence		
9 PLACE OF BURIAL OR	4	TE OF BURIAL
Il Josephy	Ceruster !!	Mar 3, 1915
20 UNDERTAKER		DRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

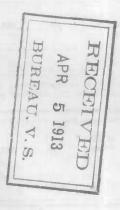
REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal lever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skuil, and consequences (e. g., sucb, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," cause of death approved by Committee on Nomencia-"Contributory." dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and quality as childbirth or miscarriage, as "Purreral septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 State cause for Examples: FOF VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

T. S. No. 1.

Village or City Parlyn (No. 2 FULL NAME Amic M. 62	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. St; Ward) [If death occurred in a hospital or institution, give its NAME instead et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Flowele Closed (Write the word)	16 DATE OF DEATH (Month) (Day), 191.3.
8 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h & alive on Media 25. 1913.
FAGE If LESS than t day,hrs. or mos. ds. or min.? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or amployer) OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or amployer) OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or amployer) OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or amployer) OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or amployer) OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or amployer) OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or amployer) OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or amployer) OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or amployer) OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or amployer) OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or amployed	and that death occurred on the date stated above, at
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE)	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
(Informant) (Address) Address) Filed McA 4 , 191 3 Army a Naylor REGISTRAR If more blanks are needed, address State Registrar	Former or usual residence

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative bealthfui-Housewife, Housework, or At Home, and children, not wbo receive a definite saiary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples:

Statement of cause of death--Name, first, the disease causing death the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purrerran septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 5 1918
BUREAU, V.S.

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CERTIFICATE OF DEATH Registration Dist. No. It death occurred in PHYSICIANS a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO, MA WIDOWEO. (Month) (Write the word) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 191 ..., to..... (Day) (Year) (Month) 7 AGE It LESS than and that death occurred on the date stated above, at t day,hrs. The CAUSE OF DEATH * was as follows: OR ? 6 OCCUPATION AG (a) Trade, profession, or (b) General nature of industry, business, or establishment in (Ouration) which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER of 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from Violent-Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State _____ yrs. ___ mos. ____ of Infor Where was disease contracted. 14 THE ABOVE AS TRUE TO If not at place of death? usual residence. Every Item CAUSE OF Important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) ADDRESS If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No.

PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement. the nature of the business or industy; and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second It should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But ln many first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons (0)

Statement of cause of death—Name, first, the disease causing death—it respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purerenal septichae cause of death approved by Committee on Nomencla "Contributory." schsis, tetanus) injury, as fracture of skull and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ ture of the American Medical Association.) ACCIDENTAL, SUICEAL, OF HOMICIDAL, OF AS probably valvular heart disease; Chronic interstitlal nephritis The contributory (secondary or intercurrent) Aiways qualify ail diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds. Examples: 10

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 5 1913
BUREAU, V.S.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

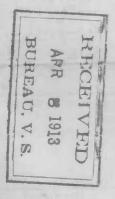
Village or City Srags (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30 [If death occurred is a hospital or institution give its NAME instead of street and number.]
FULL NAME OSCINITION OF THE PROPERTY OF THE PR	aveg
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Strmale 4 COLOR OR RACE 5 SINGLE, MARRIEO, Single WIDOWEO, OR DIVORCEO (Write the word)	16 DATE OF DEATH March (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
State of BIRTH July 24 1912	3 - 6 - 191 5 to 3 - 7 1913
7 AGE (Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at 6. m The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Bronela
(b) General nature of industry, business, or establishment in which employed (or employer) Perstablishment in which employed (or employer) Maryland	Contributory X X (Quration) yrs. mos. ds (Secondary) (Quration) yrs. mos. ds
10 NAME OF Charles S. Cavey 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed), 1913 (Address), In deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Wary land 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Charles S. Cavry	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE (In the ot death yrs
(Address) Strays Balts Es Ind Filed march 11, 1913 Moisfall Blutst REGISTRAR	19 place of BURILL OR REMOVAL PATE OF BURIAL 20 UNDERTAKER ADDRESS Castoy Sour Celecoth City
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborerstatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative leaithfuigainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. material worked on may form part of the second it should he used only when needed. additional line is provided for the latter statement; For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the " Never return "Laborer," As examples: But ln many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Isame, first, the disease causing death—Isame affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Purreneal septichacmus," "Old Age," "Shock." 'Traemia," "Weakness," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite discase can be ascertained as the -Hart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing uant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . ture of the American Medical Association.) cause of death approved by Committee on Nomencia sepsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Contributory." . Sarcoma. etc., of ______ (name origin; "Can-ls less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," death), 29 State cause for Examples:



N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED .Y. S. No. 1.

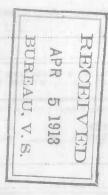
	PLACE OF DEATH	3192	STATE OF MAR	YLAND
	. Bollinson	>	CERTIFICATE OF	DEATH
G	ounty / & ALL MOVE		Registered	1 No 32
V	illage of City Miles	(No.	St; Ward)	[it death occurred is a hospital or institution give its NAME lostea of street and nomber.]
	*FULL NAME	n, as 1104	mark I	
=	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 51	4 COLOR OR BACE	SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That 1 a	(Day) (Year)
6 D	ATE OF BIRTH	9 ,892	, 191, to	A CONTRACTOR OF THE CONTRACTOR
	(Month)	(Day) (Year)	that I last saw h allve on	, 191
	1/1/	If LESS than day,hrs. ORmin. ?	and that death occurred on the date stated at the GAUSE OF DEATH* was as follows: Violent Locath	bove, at 31/2 m
par (b)	General nature of industry, ness, or establishment in	ufl	Intal Ball through	the Brann
Whi	RTHPLACE tate or country)	nich	Gontributory(Secondary)	yrs
	10 NAME OF FRANK	Menie	(Signed) Colian a Forter C	Coroner, MA
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	unia	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF LAUUEN; and (TAL, SUICIDAL, OF HOMIODAL.	
PAR	of MOTHER COM	a Bruce	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS)	
	13 BIRTHPLACE OF MOTHER (State or country)	inie	At place In the	. yrs, ds.
	intermant) The BEST	of MY KNOWLEDGE	It not at place of death? Former or usual residence	***************************************
15	(Address) Agraelwe	y va	Broadwas Oa. 2	na Pl 1912
File	ed 3/7, 1913 74 5V.	REGISTRAR	20 UNDERTAKER CO. D. Horash	Phesollo
	If more hlanks are n	eeded, address State Registr	ar, 6 E. Franklin St., Balto., Requesting V. S. No	. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) It should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head Injury, as fracture of skull, and consequences (e. g., sucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purprenal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. simple: Measics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle." etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Never report Examples:



N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

W. S. No. 1.

	PLACE OF DEATH	3193	STATE OF MARYLAI	ND
Cr	ounty Ballimine		CERTIFICATE OF DE	ATH
-	P		Registered No	32
٧	illage or Gity Dipelirie	le (No.	St; Ward) a h	[If death occurred ospitat or Institution Its NAME Instead
	FULL NAME	De-1122	Clinton	treet and number.]
	PERSONAL AND STATISTICAL P	ARTIGULARS	MEDICAL CERTIFICATE OF DEATH	
SE	ale Will good	GLE, RRIED, Midoioe owed, Midoioe ite the word)	16 DATE OF DEATH (Month) (Da 17 I HEREBY CERTIFY, That I attended	
6 D	ATE OF BIRTH March	24 , 1834 (Day) (Year)	that I last saw hom allve on much	7 ,191.3
7 A C	778	If LESS than 1 day,hrs.	and that death occurred on the date stated above, at	3. a. m
(a)	CCUPATION Trade, profession, or ticular kind of work Seneral nature of industry,	ayer	Dalvales head deser	
busi	ness, or establishment in Chempioyed (or employer)	tnow	(Duration) yrs	mosds.
9 BI (Si	RTHPLACE (ate or country) Ballemo	is letty	Contributory (Secondary) (Duration) yrs	mae de
S	10 NAME Donk Kn	ow	(Signed)	, S w. D.
ENT	11 BIRTHPLACE OF FATHER (State or country) Don't	now.	*State the DISEASE CAUSING DEATH, or, in deaths CAUSES, state (1) MEANS OF INJURY: and (2) whe	
PAR	13 BIRTHPLACE	Unou com	OR RECENT RESIDENTS)	NS, TRANSIENTS
	OF MOTHER (State or country) Dans	Know !	At place in the of death yrs. mos. ds. State yrs, Where was disease contracted.	mos ds.
(Informant)	W KNOWLEDGE	If not at place of death? Former or usual residence.	######################################
15	(Address) Tihervil	i md.	Jouden Park DATE O	F BURIAL
	on March 10 101 3 Honery (PRGISTEAR	20 UNDERTAKER ADDRESS	
	if more blanks are needed	d, address State Registra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (rctircd 6 yrs.). For persons "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekccpers fication, as Day laborer, Farm laborer, Laborer-Coal Etatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purapenan septichacetc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencia "Contributory." such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "ITeart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. Never report The contributory Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head of (secondary or intercurrent) ... (name origin; "Can-The nature of the Examples: For VIO-

If this certificate is looked over thoroughly and all questious answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 5 1913
BUREAU, V.S.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN 7. S. No. 1.

PLACE OF DEATH 3194	STATE OF MARYLAND
Rel tomore	CERTIFICATE OF DEATH
Gounty	38.
1_	Registered No.
Village or City(No(No	St.; Ward) [If death occurred is a hospital or institution
Village or City(No	give its NAME lostead
* PULL NAME Gentrude Ridge	sley Cockey of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH W.C. 6", 1913
MIDOWED, week	(Month) (Day) (Year)
Ferrale white (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	mol 15h 1917 to mach 6 the 1913.
104 25 191	
(Month) (Day) (Year	
7 AGE	and that death occurred on the entered areas, at the entered areas
3 yrs. / mos. / ds. ORmin	I INC CAUSE OF DEATH * Was as follows:
	- bighelien's
8 OCCUPATION (a) Trade, profession, or	***************************************
particular kind of work	***************************************
(b) General nature of lodustry, business, or establishment to	(Duration) yrs, mes & ds.
which employed (or employer)	
9 BIRTHPLACE (State or country)	Contributory When leve County
(state or country) Balls. & and	3 weals (Deration) yes mos ds
10 NAME OF Tither of L. Cocker	(Signed) Idd aner , M. D.
M 11 BIRTHPLACE	mch 6, 1913. (Address) January Mol
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
Coffarther OMC. State or country) Maiden NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN- TAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Marcaret. Colonto	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE DO DE	OR RECENT RESIDENTS) At place Is the
(State or country) Balto. Co and	of death yrs mos ds. State yrs, mos ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
Fitherele & Cockey	Former or
(Informant)	usual residence
(Address) True	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 01 10 .	Mayes Centering March 6,1813
1 8 B (land Summer	20 UNDERTAKER ADDRESS
Filed Manual 191 REGISTRAL	The Rusin long Touson
	istrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
TT MATE INCHES STO MODICAL MAGICINE DOSTA WES	m sems o me n tummerm prel mutton medicultal as no u.m. T.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not pald Housekeepers applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indithus: Farmer (retired 6 yrs.). Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: But in many For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrpreat septichaesuch, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritix ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of "Contributory." is less definite; avoid use of "Tumor" for mails-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples: FOI VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PHYSICIANS should state of OCCUPATION is very	ounty Balto. Village or City Lakeland (No. 2011) *FULL NAME Ellen Coll	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 42 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
r. i	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.	Female White Single, Married of Day Widowed, Wilder the word) 8 DATE OF BIRTH 12 24, 1864 (Month) (Day (Year) 7 AGE 49 yrs. 2 mos. 10 ds.	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from Yelly, 3 1913, to March 5 1913 that I last saw h. A. alive on Felly 5 1913 and that death occurred on the date stated above, at 3 G.m. The CAUSE OF DEATH* was as follows: Cauch Stomach (Duration) yrs. 3 mos. ds Contributory Recondary (Duration) yrs. mos. ds (Signed) A.
m.	Filed III Alem 6, 191. 3	James Dignant Don 1000 S. Pacas
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St. Balto. Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

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time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) term for the same disease. Examples: Cerebrospinal ("Pneumonia," fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE of lungs, meningitis"); Typhoid fever (never meninges, peritonacum, etc., unqualified, is indefinite): Tubereu-Diphtheria report "Typhoid "Epidemic cere-(avoid use Carcin-

> nant neoplasms); Meastes; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of cause for For vio-

W. B. No. 1.

15

PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT EXACTLY. stated 4 pe UNFADING INK-THIS IS pinous AGE DEATH in plain terms, so that it may be is see instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, simportant. See instructions on back o N.B.

PLACE OF DEATH Gounty Baltimore 3196 Village or City St. agrees Nonefrital *FULL NAME Mrs. Darothy	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) a [it death occurred to a hospital or institution give its MAME lostead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ternale White Single, MARRIED, WIDOWED, ORDIVORCED, ORDIVORCED (Write the word) Marrie	
AGE 1880 188	and that death occurred on the date stated above, at 3 mm, The CAUSE OF DEATH * was as follows:
GOCCUPATION (a) Frade, profession, or particular kind of work	(Duration) yrs, mos, ds.
(State or country) New York.	Contributory (Necondary) (Secondary) (Duration) yrs mos ds.
10 NAME OF FATHER Ellis & Levery	(Signed) Geva Univart , M. D. March 23, 1913 (Address) Stagnus Cos
Soffather (State or country) Germany 12 Maiden Name of Mother A	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the order death yrs, mos, ds. Where was disease contracted,

REGISTRAR

20 UNDERTAKER

ADDRESS

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8, Census and American Public Heaith
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreman septichaeetc., when a definite disease can be ascertained as the mus," "Oid : Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenltai," "Senile," etc.), "Dropsy," "Exhaustion," which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.; State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 2 1918
BUREAU, V.S.

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Vi	illage or City Shighlandtaro (No.3 20 5.	Registered No. [It death occurre a hospital or institution give its NAME ins
	2 FULL NAME Thomas Q	of street and number
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	** COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year
6 DA	ATE OF BIRTH Unknown ,1	17 I HEREBY CERTIFY, That I attended deceased from 1913, to 3 6 , 191 that I last saw h MM alive on 3 6 191
7 A G	(Month) (Day) (Year) If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 1029 The/GAUSE OF DEATH* was as follows:
par		1
(b) busi which	General nature of industry, iness, or establishment in ch amployed (or employer) IRTHPLACE tate or country	Gontributory (Secondary)
(b) busi which	iness, or establishment in ch amployed (or employer) IRTHPLACE tate or country INDICATE OF FATHER Light Collins	Contributory (Secondary) (Duration) yrs mos (Signed)
RENTS spind (g)	iness, or establishment in ch amployed (or employer) IRTHPLACE tate or country 10 NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Suration) yrs. mos. (Signed) (Signed) (Suration) yrs. mos.
(b) busi while e STNE	iness, or establishment in ch amployed (or employer) RTHPLACE tate or country 10 NAME OF FATHER OF FATHER (State or country)	Contributory (Secondary) (Signed) \$\frac{3}{3}\$ \$\text{, 191 3. (Addrass)}\$ *State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accidital, Suicidal, or Homicidal. **IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transic or Recent Residents) At place in the of death yrs. mos. ds. State yrs. mos.
PARENTS (9)	iness, or establishment in ch amployed (or employer) IRTHPLACE (atte or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE 14 BIRTHPLACE 15 MAIDEN NAME OF MOTHER 15 BIRTHPLACE 16 MAIDEN NAME OF MOTHER	Contributory (Secondary) (Signed) State the Disease Causing Death, or, in deaths from Viole Causes, state (1) Means of Injury; and (2) whether Accided Tal, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Translet or Recent Residents) At place In the
PARENTS (9)	iness, or establishment in ch amployed (or employer) IRTHPLACE tate or country 10 NAME OF FATHER OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory (Secondary) (Signed) (Signed)

STATE OF MARYLAND

LEKITE	ICALE	OF	DEATH
	Regist	ered	No. 4/

Ward)	[It death occurred to a hospital or Institution
	give its NAME instead

18 DATE OF DEATH	2	- 7	
***************************************	<i>D</i>	6	=, 1913.
	(Month)	(Day)	(Year)
17 I HEREBY C		I attended de	eceased from
	, to 3	6-	1913.,
that I last saw h My alive	on. 3 ¬	6 -	. 191 3
and that death occurred on t	he date state	d above, at	102 9.m.
The/CAUSE OF DEATH * Wa			
Labor 1 men	mone	a	

000 0+0++++ 0++++++++++++++++++++++++++	0.0000000000000000000000000000000000000		
***************************************	******************		***********
4	(Buration)	Vrs.	mas 6 de
Contributory (Secondary)	****************		
	(Bundler)		
701	(Duration)	yrs	mosas,
(Signed)	ately	**************************************	
3 - 8 , 191 3 (Addi	ately	1500	luay
*State the DISEASE CAUS CAUSES, State (1) MEANS TAL, SUICIDAL, OF HOMICIE	ING DEATH, OF OF INJURY; AI	, in deaths fr ad (2) wheth	om VIOLENT er ACCIDEN-
18 LENGTH OF RESIDENCE	FOR HOSPITAL	. INSTITUTION	. TRANSIENTS
OR RECENT RESIDENTS)	In the		
of death yrs mos		yrs,	mas de
Where was diseasa contracted.		J. ~ 1 2000000	
If not at place of death?	M#++++++++++++++++++++++++++++++++++++		*******************
Former or			
usuai residence			
19 PLACE OF BURIAL OR R	EMOVAL	DATE OF	BURIAL
St. Veters les	n. 1	may-1	0 - 1915
20 UNDERTAKER		ADDRESS	
1 1 700		ADDRESS	,

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as been changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm Laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples: For persons (0)

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Treumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the which surgical operation was undertaken. For vicmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Examples:

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APR 5 1913
BUREAU, V.S.

CERTIFICATE OF DEATH Registered No Ili death occurred le PHYSICIANS St:Ward) a hospital or institution. RECORD give its NAME instead of street and oumber.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS RMANENT 3 SEX 4 COLOR OB BACE MARRIEO. WIDOWEO. ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) ciss sified. 7 AGE If LESS than and that death occurred on the date stated above, at should t day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? properly BOCCUPATION AGE (a) Trade, profession, or particular kind of work. Z (b) General nature of Industry, pe supplied business, or establishment lo DINC may which employed (or employer) certificate. State or country) (Secondary) that It 10 NAME OF FATHER 0 10 back 11 BIRTHPLACE terms. ARENT OF FATHER (State or country) should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-6 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. pisin OF MOTHER Instructions 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE c At place In the OF MOTHER (State or country of death yrs. mos. ds. EATH State Where was disease contracted. If not at place of death?.. See of Former or OF usual residence mportant. CAUSE DATE OF BURIAL 16 REGISTRAR If more blanks are needed, address State Registrar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

Groccry; (a) Foreman, (b) Automobile factory. statement. Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulduties of the household only (not pald Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care (a) Spinner, (b) Cotton mill; (a) Salesman, CAUSING DEATH, state occupation at beginning of libeen changed or given up on account of the nisease should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinoscis of lungs, meninges, peritonaeum, etc...

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RCORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING V. S. No. 1.

PLACE OF DEATH 3199	STATE OF MARYLAND
a stimulation	CERTIFICATE OF DEATH
Gounty ()	Registered No. 41
Village or City flightanton (No. Cos	3 90 4 Sat Pleas St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mult Single Or Bridge (Write the word)	(Month) (Day) (Year)
G DATE OF BIRTH March (Month) (Day) (Year)	that I last saw him alive on FU38th 1913.
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 1030 m. The CAUSE OF DEATH* was as follows:
yrs. mos. ds. OR min.?	THE CAUSE OF BEATH & Was as follows:
(a) Trade, profession, or particular kind of work.	Outminay Intercutores
(b) General nature of industry, business, or establishment in which employed (or employer)	"Hutoy (Buration) yrs. mos! 4 ds.
9 BIRTHPLACE (State or country) Bultimon	Gentributory (Secondary) (Duration) yrs mos ds.
10 NAME OF Michael Costello	(Signed) Kruy MOCK 10.
11 BIRTHPLACE OF FATHER Z W 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injuer; and (2) whether Acciden-
of Mother hagail Office	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENTS) At place In the of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or
(Informant) 3404 Mt Pleasant are	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAK
Thearch 3, 194 Sel Me Claualia	Holy bross benety Mar 5, 191.3
REGISTRAR/A	10.0.
if more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second mine, etc. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., "Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICILLAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrperal septichae-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronio interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailg mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (name origin; "Can-Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 5 1913
BUREAU, V.S.

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	1 PLAGE OF DEATH 3200	STATE OF MARYL	AND
	Baltimore (at)	CERTIFICATE OF I	DEATH
Ge	Juniy	Registration Dist. N	10241
V	lilage or City Canton (No. 3208)	O Donnellst; Ward)	[It death occurred in a hospital or Institution,
	*FULL NAME John Francis	box	give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA	ТН
3 SE	Tool 'to WIDOWED, Dinal	16 DATE OF DEATH Morch 7 3 7 (Month)	(Day) , 1913
8 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I atten	ded deceased from
	(Month) (Day) (Year)	that I last saw haminalive on Murch	22 , 1913 .
TAC	It LESS than 1 day,hrs.	and that death occurred on the date stated above	e, at 5 a.m.
	/ yrs. 9 mos. 8 ds. ormin.?	The CAUSE OF DEATH* was as follows:	
(a)	CCUPATION Trade, profession, or ticular kind of work	Lobox Premores	·•
bus	General nature ot industry, ness, or establishment in ch employed (or employer)	Nelst to	mos ds.
9 BI	RTHPLACE (RELE OF COURTRY) Maryland.	Contributory (Secondary) (Duration) yrs	
	10 NAME OF James E. Con	(Signed) 6 //, they	, M. D.
ENTS	OF FATHER (State or country) Maryland:	*State the DISEASE CAUSING DEATH, or, in dea CAUSES, state (1) MEANS OF INJURY; and (2)	ths from Violent
PAR	12 MAIDEN NAME Mary & Poetal	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTIT	
	13 BIRTHPLACE OF MOTHER (State or country) Mary land	At place in the ot death yrs ds. State yrs	
147	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?	0004-1-11111-11000000000000000000000000
	(Informant) James C. 6 of	Former or usual residence	
	(Address 3208 O'Donnell St.		E OF BURIAL
15 Fil	Much 24. 19 Wel McClaustion M.		Och 25, 1913 PRESS
_	REGISTRAR 12 more blanks are needed, address State Regis trar, 6		, ~ ~ omell
		1	

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative dealthfulbeen changed or given up on account of the DISEASE who receive a definite salary), may be entered as For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold denumenta"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purreral scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemla," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. Exoma. Sarcoma. etc., of .. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis mant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malls ture of the American Medical Association.) "Contributory." Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "Convulsions." "Debility" ("Con-(secondary or intercurrent) (name origin; "Candeath), 29 ds. State cause for Examples: 0

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 5 1913
BUREAU, V.S.

N. B.—Every item of information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

V. B. No. 1.

ounty Ballimore Village or City Caloueulle (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 30 [if death occurred in a hospital or institution, give its NAME iostead of street and number.]
* FULL NAME Mary Una	Jayce
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Finale & COLOROR RACE 5 SINGLE, MARRIED, MONUMED, WIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH Mach 2/, 1913 (Month) (Day) (Year) 170 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Quel (Month) (Day) (Year)	Mar. 14, 1913, to Mar 2 (, 1913, that I last saw hold allve on Mar 2 / 1913
(Month) (Day) (Year) 7 AGE It LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Geland	(Ouration) yrs. mos. 7 ds. Contributory Cardeac asheria (Secondary) (Ouration) yrs. mos. 7 ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Charles L Maufelat , N. D. Mar Z , 1913 (Address) Clausule Und *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Colherene Celly 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Informant) John Royle (Address) Catons relle md. 15 Filed March 22, 1913 Marshall B Wrot REGISTRAN	it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL New Curtural Man 22, 191 B 20 UNDERTAKEN ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The . (a) Spinner, (b) Cotton mill; (a) Salesman, of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Never return "Laborer," As examples: "Foreman," For persons (%)

Statement of cause of death—Name, first, the nibease causing death—I (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report For VIO-



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very ECORD RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RESERVED FOR BINDING MARGIN V. S. No. 1.

Gounty Baltimore	STATE OF MARYLAND CERTIFICATE OF DEATH
Village Black Horsens.	Registered No. 39 St; Ward) [If death occurred is a hospital or institution give its NAME instead
FULL NAME Pristin Bosens	d Crussinel of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
make Color of RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word Single)	16 DATE OF DEATH March 3, 1913 (Month) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH July 34, 1911 (Morth) (Dev) (Year)	that I last saw h Amalive on Meh 3 , 1913
TAGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
Boccupation (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment io which employed (or employer) BIRTHPLACE (State or country) Mauwland.	(Ouration) yrs. 2 mos. 5 ds Contributory (Secondary) Resument (Ouration) yrs mos. 2 ds
11 BIRTHPLACE OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER 15 BIRTHPLACE OF MOTHER (State or country) 15 Augusta d.	(Signed) , 191 (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 16 Length of Residence (for Hospitals, Institutions, Transients or Recent Residents) At place in the
(Informant) William's Crummel (Address) White I fully Ind 16 Filed Mar 5, 191 8 L. J. Payrel Ma	Where was disease contracted, it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Union Chapel Moseuse Persons DATE OF BURIAL May J., 1813
REGISTRAR If more blanks are needed, address State Registrar, 6 E	P. mackeline of on white Hall me

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Housewife, Housework, or At Home, and children, not material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Tuber ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosciase of lungs, perit

scpsis, tetanus) may be stated under the head such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," childbirth or miscarriage, as "Purperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of . ture of the American Mcdical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), wound of head-homicide; Poisoned (Recommendations on statement of terminal conditions, such as "As "Dropsy," "Exhaustion," etc. State cause for . (name origin; "Candeath), 29 da.; Examples:



PERMANENT

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UNFADING

PLACE OF DEATH Very 3203 P . OCCUPATIONWard) RECORD PHYSICIAN PERSONAL AND STATISTICAL PARTICULARS statement 16 DATE OF DEATH 6 SINGLE, 3 SFX 4 COLOR OR RACE MARRIED. WIDOWED. OR DIVORCED Write the word) Manue 6 DATE OF BIRTH classified. (Month) (Day (Year) If LESS than 7 AGE v t dayhrs. OR min. ? properly BOCCUPATION (a) Frade, protession, or (b) General nature of Industry, supplied. pe business, or establishment in may which employed (or employer) -----9 BIRTHPLACE Secondary (State or country) certific 10 NAME OF FATHER 0 50 terms, 11 BIRTHPLACE 노 OF FATHER (State or country) Pond. ш AR 12 MAIDEN NAME ō plain ATH in plain instructions OF MOTHER Information OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) lan _____ yrs. ____ mos. ____ ds. EATH Where was disease contracted. If not at place of death? 50 0 usual residence. 0 mportant. (Address) Every 15 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred to a hospital or Institution, give its NAME instead of street and oumber.]

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY, That I attended deceased from

and that death occurred on the date stated above, at

State the DISEASE CAUSING DEATH, or, in deaths from VIOLE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, to the

State yrs, __

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," For persons (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

mia," "PUEBPEBAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of _ mere symptoms or The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of terminal conditions, such as "As-(name origin; "Candeath), 29 ds.; "Exhaustion," Examples: For VIO-

If this certificate is looked over thoroughly and all quentions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 2 1918
BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS

7. S. No. 1.

PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT stated EXACTLY. 4 should be AGE carefully supplied. N. B.—Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it m important. See instructions on back of certificate.

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(Address).

PLACE OF DEATH 3204 County Baltimore Village or City St. agms Handputal 2 FULL NAME Miss addie Cus	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 42 St.; Ward) [If death occurred in a hospital or institution, give its NAME lostead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale White (Write the word) Sandle	16 DATE OF DEATH March 16 (Nonth) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from
7 AGE Mohth (Day (Year) 1 day 1 day	that I last saw head alive on March 16, 1913, and that death occurred on the date stated above, at 1 m. The CAUSE OF DEATH* was as follows:
e OCCUPATION (a) Frade, profession, or parficular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	Seveno from figuration male on left scopular Tonetasta Tra (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Jayannia (Secondary)
OF FATHER OF FATHER OF FATHER (State or country) 12 MAIDEN NAME	(Signed) Sex A June 15. M. D. March 16, 191 3 (Address) Sex Agree 16. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of MOTHER ane Northam. 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ADDRESS OF THE TOTAL PROPERTY.	Af place In the most most most most most most most most

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIA
20600-	

20 UNDERTAKER

Cook

ADDRESS & north Time

needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. If more blanks are

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viothenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train-acci-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing (name origin; "Candeath), 29 ds. State cause for "Exhaustion,"

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RECEIVED
APR 2 1918
BUREAU, V. S.

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state Very PHYSICIANS should 10 OCCUPATION RECORD statement EXACTLY. Exact stated properly classified. should be AGE carefully supplied. may be certificate. that it of pe on back DEATH in plain terms, of information should See instructions Every Item CAUSE OF mportant.

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1 PLACE OF DEATH 3205County..... St.:....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, Write the word) 6 DATE OF BIRTH (Year) (Day) If LESS than TAGE 1 day.....hrs. The CAUSE OF DEATH * was as follows: OR min. ? SOCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment lo which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER ot death yrs. mos. ds. (State or country State Where was disease contracted. if oot at piace of death? usual residence. 19 PLACE OF BURIAL OR REMOVAL

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[if death occurred lo a hospital or Institution. give its NAME lostead of street and number. I

(Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at. *State the DISEASE CAUSING DEATH, or. In deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS DATE OF BURIAL

ADDRESS

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REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." schsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 de.; nant neoplasms); Measles; Whooping cough; Chronic Accidental drowning; Struck by railway train—acciaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of .. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: FOI VIO



OCCUPATION RECORD statement Ш classified. properly AGE supplied. be may Œ N D D N A terms. plain = of infor

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important. CAUSE

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No lit death occurred in a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OB RACE MARRIED WIDOWED. (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) If LESS 1han 7 AGE and that death occurred on the date stated above, at 1 day,hrs. BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) (State or country S 11 BIRTHPLACE ENT OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-PAR TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death yrs. mos. ds. State yrs, mos, ds Where was disease contracted. . If not at place of death? Former or usual residence OR 15 If more blanks are needed, address State Regis trar, 6 E. Frankyn St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only defluite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dipneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage. as "Purrerral scptichaeetc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viothenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis usat neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . ture of the American Medical Association.) "Contributory." "Fart failure," "Haemorrhage," "Inanition," "Maras. "Collapse," "Coma," "Convuisions," "Debility" ("Con-Bronchonncumonia (secondary), 10 ds. Never repor is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) "Old Age," "Shock." "Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 5 1913

BUREAU, V.S.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS

RECORD

PERMANENT

PHYSICIANS should state of OCCUPATION is very Exact statement stated EXACTLY. AGE should be si properly classified. carefully supplied. should be back In plain terms, 00 See instructions of information DEATH in piair Item CAUSE OF important.

3267 1 PLACE OF DEATH County Baltimore

Village or City Monkton (No.

STATE OF MARYLAND CERTIFICATE OF DEATH

IIIIOAIL	O1	DLAI
Registration	Dist.	No

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[If death occurred in a hospital or institution, give its NAME instead ot street and number.]

FULL NAME FORM	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, Married, Married Widowed, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Assallve on March 9, 1913.
about yrs. 35 mos. ds. OR min.?	The CAUSE OF DEATH & was as follows:
(a) Trade, protession, or particular kind of work	General Contract (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Pranyland 10 NAME OF FATHER	Contributory (Secondary) (Duration) yrs. mos. ds. (Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Cant Ryon 13 BIRTHPLACE OF MOTHER (State or country) don't Rnow	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) A Moure of My Knowledge	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Monklon 16 Filed Man 12.1913 J. J. Payne M. D. REGISTRAR	19 PLACE OF BURIAL OR REMOVAL MY GENTLE MAN 12, 1913 20 UNDERTAKER ADDRESS Pholory Pholory

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. ú

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "Publifical operation was undertaken. For viochildbirth or miscarriage, as "Tuenperal septichacmus," "Old Age," "Shock," 'Traemia," "Wcakness," "Collapse." "Coma," "Convulsions," "Deblity" ("Convalvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomenclasepsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. dent; Revolver wound of haad-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. "Contributory." The contributory Aiways qualify all diseases resulting from "Senile," etc.), (disease causing death), 29 ds.: (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion, (name origin; "Can-The nature of the Never report

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RECEIVED
APR 4 1918
BUREAU, V.S.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very KECORD KITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING V. S. No. 1.

County Buttimore 3208	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 33
Village or City Number Court (No. 2 FULL NAME Rachel R. L.	St; Ward) [It death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, MODOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from the first part of the firs
(Month) (Day) (Year	Jan al 2 A
7 AGE It LESS t 1 day,	ITS. The CAUSE OF DEATH + was as follower.
(a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. mos. 3 d Contributory Arterio - Scleross (Secondary)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) / Causes (Address) / Causes, state (1) Means of Injury; and (2) whether Accidental, or Honicipal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) MANUALINA 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds.
(Intermant) Harry De Mors (Address) Reinterstown 16 Filed Dopr 1 1913 Muslante	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS



[Approved by L. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal it should he used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can he known. The question essary to know (u) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the As examples: The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefinite); Tuberculosis, of, lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childhirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," 'Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-Examples:



S. No. 1.

	PLACE OF DEATH	320	1
Co	ounty Ballimore		(3
v	illage or City A. algni	. J. J.	naki
	FULL NAME - 920	nk,	De
	PERSONAL AND STATISTICAL	PARTICULA	RS
3 51	MA WI	NGLE, RRIED, DOWED, OIVERCED The the WORL	rarrie
6 D	ATE OF BIRTH (Month)	(Day)	, 18.6.
7 A		ds.	11 LESS tha 1 day,hrs
(b)	General nature of Industry, iness, or establishment to ch employed (or employer)		
(8	10 NAME OF FATHER	elphi	a, (To
ENTS	11 BIRTHPLACE OF FATHER (State or country)	www	
PAR	12 MAIDEN NAME OF MOTHER	Joun	
	13 BIRTHPLACE OF MOTHER (State or country)	muran	
	(Informant) A Cambo	evay	EDGE
	(Address)		
15 Fil	ed March 14, 191 3 Gwl		REGISTRAR
_	YA mana bilaha ana ana	od addross	State Dr

1 PLACE OF DEATH

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE	OF M	ARY	LAND
CERTIFIC	CATE	OF	DEATH

STATE OF M	IARY	LAND
CERTIFICATE	OF	DEATH

Registration Dist.	NO.
St.;Ward)	[If death occurred to a hospital or Institution, give its NAME lostead of street and number.]
	al oned rand naminal .

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH
//ach/ 4 1913
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from
Mar 8, 1913, to Mar. 14, 1913
that I last saw him allve on Man. 14 ,1913
and that death occurred on the date stated above, at _10
The CAUSE OF DEATH* was as follows:
Color al coholesus
(Duration) 7 yrs mos 444 ds
Contributory Delirium Gremens. (Secondary)
(Deration) yrs mos/4/ds
(Signed) Henry V. Xoos., M. D.
Man 14, 1913 (Address) St. agua Iran
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place to the
of death yrs mos ds. State yrs mos ds
Where was disease contracted, If oot at place of death?
Former or usual residence 5-11 albemaile St.
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
St. Vincent Cemet. Unknown 191
20 UNDERTAKER ADDRESS
Wendel Disposed of Son Harford & March

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of lil-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative meaithfulness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indl-Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perifonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vrochildbirth or miscarriage, as "PUERPERAL septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic "Contributory." Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. oma. Sarcoma. etc., of _ er" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing (name origin; "Candeath), 29

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 2 1913
BUREAU, V.S.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certilicate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

PLACE OF DEATH 3210	STATE OF MARYLAND
County Balto	CERTIFICATE OF DEATH
County	Registered No. 4/
Village or City Highlandlourono 627	give its NAME Instead
2 FULL NAME John Doerg	ller, ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
ODATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h alive on, 191
7 AGE It LESS than	and that death occurred on the date stated above, at 450 p.m.
57 yrs. // mos. 2 ds. ormin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work. Ochlosserer	Chaplexy
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
State or country)	Contributory (Secondary) (Duration) yrs mos ds,
10 NAME OF GENEROUN	(Signed) A Manuel f. M D.
11 BIRTHPLACE OF FATHER Z (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, of, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Canden Name	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Sermany	At place in the of death
(Interment) Learge J. Kauler	Where was disease contracted, If not at place of death? Former or usual residence
(Address) 627 8. 4 - W. 1.	19 PLACE OF BURIAL OR REMOVAL BATE OF BURIAL Special I deat Cur March 27, 1913
Filed Much 2 7 191 WE Melanabar Ala	20 UNDERTAKER ADDRESS ALL MIND COLOR
If more blanks are beeded, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scruunt, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who receive a definite salary), may be entered as statement. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—I (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetanus) ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skuli, and consequences (e. g., "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaewhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (name origin; "Candeath), 29 Never report Examples: 20

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 5 1913
BUREAU, V.S.

No. 02 , . ma

1 PLA	CE OF DEATH	37.11	and the same of th		STATE	OF MAR	YLAND
County /	Baltim	ne.	1170	3	CERTIFIC	CATE OF	DEATH
			1110	A The way a	Regist	ration Dist	No. 42
Village or Ci	ty Lausdo			_	St.;.	Ward)	[If death occurred a hospital or instituti give its NAME inste
²FUL!	NAME S	ustav	Chris	tion Do	To.	,	of street and number.
PERSO	NAL AND STATIST	CAL PARTICUL	ARS	1	MEDICAL CERT	FICATE OF	DEATH
3 SEX Male	4 COLOR OR RACE	SINGLE, MARRIED, WIDOWED, ORDIVORDED	marrie rd)	16 DATE OF DE		(Month)	27, 191.5 (Day) (Year)
6 DATE OF BIRT	Н	(Write the wo	ra) =	" Februay	HEREBY CERT		ttended deceased fro
	DEC	17	,837		/3 , 191 5 , 1	to Murch	1
	(Month) (Day)	(Year)	that I last saw h	alive on	mars	26 ,191
7 AGE	4. 4.		If LESS than 1 day, hrs.	II .			ove, at 69,
	75 yrs. 3	mos. 9 ds.	OR min. ?	The CAUSE OF	0		6 -
BOCCUPATION				***************************************	Jung	the d	round
(a) Trade, profession	n, or Retired	Daringer	· an		and	as	Churu .
(b) General nature	ot industry,					***************************************	***************************************
business, or estab			****************	***************************************			. yrsmos
BIRTHPLACE	D.			Contributory (Secondary)	acuti	Cuell	cartitis -
(State or count	(y) Te	mon	7		((Duration)	yrs mos
10 NAME O		1	ce	(Signed)		unhit	
		No		11 , - ,	, 191 (Address)		M.
State of	HER country)						
12 MAIDEN OF MO			7	CAUSES, State	(1) MEANS OF I or HOMICIDAL.	NJURY; and	deaths from Violent (2) whether Acciden
OF MO	THER (are	Vina -	Muse			HOSPITALS IN	STITUTIONS, TRANSIENT
13 BIRTHPL	ACE			OR RECENT RE	SIDENTS)	In the	STITUTIONS, TRANSIENT
OF MOT (State or	country)	enna	- June	of death yrs.	mos c		yrs mos
14THE ABOVE I	S TRUE TO THE BE	ST OF MY KNOV	VLEDGE	Where was disease it not at place of de	contracted, ath?		
(informant)	anjudo	Dos	pe-	Former or			***************************************
, , , , , , , , , , , , , , , , , , ,	Lan	odorne	200	19 PLACE OF B	URIAL OR REM	OVAL	DATE OF BUILDING
(Address).			1	Tireta	Post		MAY 29
Filed Mch	27 1913 . >	rank HI	lulel	20 UNDERTAKE	ER O	7	ADDRESS
Filed. 7//CV	181		REGISTRAR	Les.	Smith	11	M Fourtt

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (net paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of iilbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purerbeal scottchaenant neoplasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Feart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." schsis, tctanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIPAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (name origin; "Can death), 29 ds.: Examples:

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APR 2 1918
BUREAU, v.s.

PHYSICIANS should of OCCUPATION RECORD Exact statement PERMANENT EXACTLY. BINDING classified. pe properly AGE RESERVED supplied. pe may that 80 MARGIN pe terms, plain 2 DEATH ö Item OF CAUSE

certificate.

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back

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Instructions

Important.

Very state

should a

TrainingSTATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [it death occurred loWard) a hospital or institution. give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIEO, widowed, ordivorced (Write the word) (Month) (Day (Year) CERTIFY, That I DATE OF BIRTH (Month) (Year) (Day 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in yrs O (Duration) which employed (or employer) Contributory Secondary 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ARENTS BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country Where was disease contracted If not at place of death? usual residence. DATE OF BURIAL (Address). March 31 15. 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

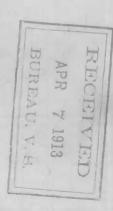


[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. cases, especially in industrial employments, it is uccness of various pursuits can be known. The question who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinuer, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer.

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uracmia," "Weakness," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injnry, as fracture of skull, and eonsequences (e.g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septiehaeetc., when a defiuite disease can be ascertained as the "Heart failnre," "Hacmorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convnisions," "Debility" ("Conthenia," "Anaemia" (mcrcly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated nnless important. deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. by earbolic acid-probably suicide. The nature of the The contributory tetanus) may be stated under Always qualify all diseases resulting Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement or (secondary or intercurrent) "Dropsy," State cause for "Exhaustion," Never report the head



4 5	PLACE OF DEATH	STATE OF MARYLAND
la st	County Ball	CERTIFICATE OF DEATH
PHYSICIANS should of OCCUPATION	Village or City Helfwill (No. 2 PULL NAME Moses Don	Registered No
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTLY.	May Black Switch William (Write the word)	16 DATE OF DEATH Month (Day)
Exe	CMONTH (Month) (Day) (Year)	that I leat asw hslive on
class	AGE If LESS than 1 day,	and that death occurred on the date stated above, at
ed. AG	(a) Trade, profession, or particular kind of work. (b) General nature of Industry, pusiness, or establishment in which employed (or employer)	Heavy Pals (Doration) Jrs. mos.
	BIRTHPLACE (State or country) Balt Co his	Contributory (Secondary) (Opration)
0 0 0 W		(Signed) albut Middle (Corons May 26, 1913. (Address) Grandles
Shot of the	12 MAIDEN NAME OF MOTHER 12 A	*State the DISEASE CAUSING DEATH, or, in deaths from V CAUSES, state (1) MEANS OF INJURY; and (2) whether ACTAL, SUICIDAL, or HOMICIDAL.
formatio TH In pi	13 BIRTHPLACE OF MOTHER (State or country) Back Co Sund	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA OR RECENT RESIDENTS) At place in the of deathyrs, mos,ds, Stateyrs, mos.
P DE	(Informant)	Where was disease contracted, If not at place of death?————————————————————————————————————
CAUSE CAUSE CImportant	(Address) Woodlaw duf	PLACE OF BURIAL OR REMOVAL DATE OF BURIA LINE 27 20 UNDERTAKER ADDRESS
ž –	If more blanks are needed, address State Begis tree	John Jodom Book

[Approved by U. S. Census and American Public Health

material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative bealthfulwho have no occupation whatever, write Nonc. heen changed or given up on account of the DISEASE who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) If the occupation has Farmer or Planter, As examples: For persons "Foreman," -Coal (6)

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APR 2 1913
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS A MARGIN RESERVED 7. B. No. 1.

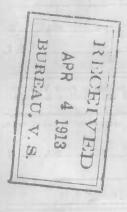
PLACE OF DEATH JALA	STATE OF MARYLAND
County Ballumore	CERTIFICATE OF DEATH
de his	Registration Dist. No. 38.
Village or City Tovans (No. 118)	ON Close St; Ward) [It death occurred in a hospital or institution.
* FULL NAME Ellers Do.	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Pemale White Single, Married, Wisower of Write the word)	18 DATE OF DEATH Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH UNREWSWIT 1	, 191, to, 191,
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at
yrs	The CAUSE OF DEATH* was as follows: Sudden death
e occupation (a) Frade, profession, nr particular kind nt work.	Sund from age suffered Standy
(b) General nature of Industry, business, or establishment to which employed (or employer)	(Duration) yrs. mes. ds.
State or country)	(Secondary) (Duration) x yrs mes ds.
TO NAME OF CHURN Murphy	(Signed) A. M. D. M. D. M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL
of MOTHER Margaret Bacon 13 BIRTHPLACE OF MOTHER (State or country) Ouland	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the nt death yrs, mos ds.
(Informant) Police Offe	Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) Wilson ave Govans	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FIRM 9/, 1918 And Smith	Marys. Jovans Mar 21, 1913. 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Registrar	r, 6 E. Franklin St., Balto, Requesting V. S. No.

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report nant neopiasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-For VIO-



STATE OF MARYLAND CERTIFICATE OF DEATH Baltimore PHYSICIANS should of OCCUPATION IS Registered No lif death occurred in a hospital or institution, RECORD give its NAME instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS **Exact** statement ERMANENT EXACTLY. 5 SINGLE. 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) Write the word) I HEREBY CERTIFY. That I attended deceased from 8 DATE OF BIRTH 835 ciassified. (Day) (Year) (Month) pe TAGE If LESS than S and that death occurred on the date stated above, at _______ should 1 day hrs. The CAUSE OF DEATH* was as follows: properly 8 OCCUPATION AGE (a) Trade, profession, or particular kind of work. Z (b) General nature of industry. supplied pe business, or establishment in may which employed (or employer) Contributory. certificate. BIRTHPLACE (Secondary) (State or country) that it 10 NAME OF FATHER 20 Jo. pe back 11 BIRTHPLACE (Address)... terms, PARENT OF FATHER (State or country) should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 50 CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place In the OF MOTHER (State or country) wacu of death yrs. mos. State _____ grs. ____ mos. ____ ds. EATH _ ds. Where was disease contracted. See If not at place of death?.. 00 a Former or Item OF usual residence Important. 山 BURIAL OR REMOVAL DATE OF BURIAL Every 15 20 UNDERTAKER ADDRESS m REGISTRAR if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

3215

PLACE OF DEATH

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[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (d) Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may he indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

mia," "PUERPEBAL peritonitis," childbirth or miscarriage, as "Puerpenal septichae cause. Always qualify all diseases resulting from "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head Injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemla," "Weakness," "IIcart fallure," "Haemorrhage," "Inanition," "Maras. genital," thenla." "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Heasles; Whooping cough: Chronio oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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APR 5 1913

BUREAU, V.S.

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PHYSICIANS should of OCCUPATION IS

RECORD

1 PLACE OF DEATH 3216 PERSONAL AND STATISTICAL PARTICULARS S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. Write the word) 6 DATE OF BIRTH 27 (Month) (Day) (Year) 7 AGE It LESS than 1 day hrs. BOCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

STATE OF MARYLAND CERTIFICATE OF DEATH

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It death occurred in a hospital or institution. give its NAME Instead

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MEDICAL	CERTIFICATE (OF DEATH	
16 DATE OF DEATH	march		., 1913
42 LHEDED	(Month)	(Day)	(Year)
may 22, 1	91.2., to M	arch 9	, 191 <u>.3</u> ,
that I last saw h ev al	ive on	arch 9	7, 1913
and that death occurred o	n the date atate	d above, at 1/	. 30 a.m.
The CAUSE OF DEATH*	4		
mitva	La sanda da la como de	ficiens	24
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Contributory Car (Secondary)	diac de	compen	sation
***************************************	(Duration)	yrs / 0 m	os. 43 ds.
	w Did		, M. D.
Mar. 9, 191 3 (oddress) It 9	gues Li	21
*State the DISEASE CA CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOME	USING DEATH, OF, S OF INJURY; and CIDAL.	in deaths from d (2) whether	ACCIDEN-
18 LENGTH OF RESIDENCE	E (FOR HOSPITALS	, INSTITUTIONS,	FRANSIENTS,
At place	In the		
ot death yrs/O_ mos. Where was disease contracted,		yrs, m	os ds.
It not at place of death?			
Former or usual residence.	827 Car	nsey S	1
19 PLACE OF BURIAL OR	REMOVAL	DATE OF BU	RIAL
Bonnay 1:	Brac		, 191

ADDRESS

17 & Broadwar

15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, cated thus: Farmer (retired 6 yrs.). material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulfirst line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the seme disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

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APR 2 1913
BUREAU, V.S.

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CORD

3217 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. (it death occurred in a hospital or institution. give its NAME instead of street and number. 1 ² FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE SEX MARRIEO, (Month) (Day) OR OLVORCEO I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day,hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which ampioyed (or employer) 9 BIRTHPLACE (Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT (State or country) *State the DISEASE CAUSING DEATH, of, In deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL. SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACÉ At place in the OF MOTHER (State or country State yrs, of death yrs. mos. ds. Where was disease contracted. KNOWLEDGE If not at place of death?..... Former or usual residence. OF REMOVAL 15 20 UNDERTAK 4 DDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-"Mauager," "Dealer," etc., without more precise speciessary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, it should be used only when needed. As examples: the nature of the business or industry, and therefore an Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, Farmer or Planter, For persons (6)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonaeum, etc.. Carcin-

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MARGIN RESERVED FOR BINDING

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City PLACE OF DEATH 3218 County Balto Village or City Fuller ME Extended to the Second Sec	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MALL WORDS (Write the word)	16 DATE OF DEATH MAN (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
GDATE OF BIRTH Maule 9 1892	that I last saw halive on
(Month) (Day) (Year) 7 AGE If LESS than 1 day, hrs. OR min.? 8 OCCUPATION (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows: Verplief of fury Probable Occurring
(b) General nature of industry, business, or establishment in which employed (or employer) 9 SIRTHPLACE (State or country)	Contributory (Secondary)
11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) (Suration) yrs mos. ds. (Signed) (N. D. Coroner M. D. Coroner State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT TAL, SUICIDAL, OF HOMICIDAL. TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
(Informant), (Address) 1440 S. Charles St.	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL CRAW / Full Cure 2/1/1
FINAL STRAR	F.a. Kranse 708 Hanoves
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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childbirth or miscarriage, as "Tuerperal septichaecause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state LEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereix symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of .. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train—acci-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchonneumonia (secondary), 10 ds. Never repor The contributory (secondary or intercurrent Always qualify all diseases resulting from Meastes (disease causing death), 29 de. "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "Taemia," "Weakness," (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 5 1913
BUREAU, V.S.

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT K WRITE PLAINLY, WITH UNFADING INK-THIS IS

STATE OF MADVIAND

PLACE OF DEATH 3219	STATE OF MARTLAND
Balt	CERTIFICATE OF DEATH
County Outline 1	Decisional No. 43
' 01	Registered No.
Village or City Orangevelle (No.	St; Ward) [If death occurred in a hospital or institution
Things of City	give its NAME instead
ma agest &	Chaugh of street and oumber.]
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
- LEGINGIE	16 DATE OF DEATH MALE 71 1012
SEX 4 GOLOR OR RACE SINGLE, MARRIED, Married	(Month) (Day) (Year)
Henrie (Write the word)	17/ I HEREBY CERTIFY. That I altended deceased from
6 DATE OF BIRTH	De 1 1 1 3
Sept 17 1853	1917, to 1917, 1917
(Month) (Day) (Year)	that I last saw h alive on flat , 191
7 AGE If LESS than	and that death occurred on the date stated above, at 9.12 Am
19 1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs. mos. ds. OR min.?	Trabelle Millelle
8 OCCUPATION	
(a) Trade, profession, or particular kind of work	
(b) General nature of industry,	3 33
business, or establishment in which employed (or employer)	(Ouration) yrs mos. ds
0 0 1	Contributory
Balturore (State or country)	(Secondary)
10 NAME OF OL OLO	(Duration) yrs mos ds
FATHER Charles H, Melcher	(Signed) , M. D.
O 11 BIRTHPLACE	111 21 , 1913 (Address) X+. 11 luc
E acception & a	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
C 12 MAIDEN NAME 2	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
of Mother many Go, Com	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country)	of death yrs mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
An P. Elaugh	if not at place of death?
(Informant)	usuai residence
(Address) Pangeville	19 PLACE OF BURIAL OF REMOVAL PATE OF BURIAL
16	Dring Ridge Mrn. 24 191
- 92 mch m3 W. F. Clay tons.	20 YNDERTAKER 10 ADDRESS 1739
Filed 7 191 REGISTRAR	Jirkler Girkler E. Eager

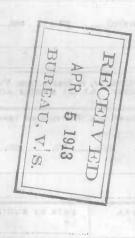
If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary Arcman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples For persons "Foreman," The 9

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease to fime and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cer" is less definite; avoid use of "Tumor" for mails. such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), valvular heart disease; Chronio interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronio ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma. Sarcoma, etc., of .. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



BINDING FOR RESERVED MARGIN

02

1

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH is piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT 15 WRITE PLAINLY, WITH UNFADING INK-THIS No. N. B.

Gounty Optimion 3230	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No. 44
Village or City Janous Joint 37,00 2FULL NAME Still bom ing	West 6 st.; Ward) [If death occurred has hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOWED, Drigh ORDIVORCED (Write the word)	16 OATE OF OEATH March 7 76 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH March 7th, 1913	that I last saw h all son 191
(Month) (Day) (Year) AGE !! (LESS then	101
yrsdsds. ORnn. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or employer)	Itel born infant abour 4 th Mo. (Duration) yrs. mos. ds
BIRTHPLACE (State or country) famour Sour Balto.	Contributory (Secondary) (Diration) yrs mos de
on 11 BIRTHPLACE	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Mar. 8 , 1913 (Address) (Spanner Source)
OFFATHER (State or country) W 12 MAIDEN NAME OF MOTHER June Hollet	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs,
(Interment). Current BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) francis Sour	Sent to Pathological haboratory, 191
Filed Mar. 9 1913 Il Monnier M.	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

-statement. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second cases, especially in Industrial employments, it is neccated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But ln many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman."

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tudercutoris of lungs, meninges, peritonaeum, etc.. Carcin.

childbirth or miscarriage, as "Purreral septichae etc., when a definite disease can be ascertained as the affection need not be stated unless important. oma. Sarcoma. etc., of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Tuerperal peritonitis," etc. State cause for inus," -Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencls "Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic ls less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of haad-homicide; Polsoned "Dropsy," "Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 5 1913

BUREAU. V.S.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH si NOI OCCUPATION Registered No. [It death occurred in PHYSICIANS a hospital or institution. RECORD give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS **EMANENT** 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) Write the word) (Day) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: BOCCUPATION (a) Trade, profession, or 2 wit particular kind of work. Z (b) General nature of Industry. pe business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (Secondary) (State or country) = that 10 NAME OF FATHER 80 10 pe back 11 BIRTHPLAGE terms, OF FATHER (State or country) pinous Z *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. pisin OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place OF MOTHER In the EATH (State or country) of death yrs. mos. State yrs, __ Where was disease contracted. If not at place of death?. of Q Fermer or Every item CAUSE OF Important. S usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative heaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

cause of death approved by Committee on Nomencla. such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mia," "Tuerperal peritonitis," etc. childbirth or miscarriage, as "Purrenal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure." "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convuisions," "Dehility" ("Conthenla." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough: Chronio cer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. ture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid—prodably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (name origin; "Can The nature of the State cause for Never report Examples: For vio-



	Baltimore 3222	STATE OF MARYLAND CERTIFICATE OF DEATH
	County Dallinois	Registered No. 38
	Village or City Governs (No. 36	Ward) [It death occurred a hospital or institution
.	* PULL NAME Mary field	ef street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9	Ferrale White Single, Weslow Woower, Option (Write the word)	16 DATE OF DEATH Max 29, 1913. (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6	May 6, 1841 (Month) (Day) (Year)	May 29, 1913, to May 29, 1913 that I last saw here alive on Mar, 29, 1913
7 4	(Month) (Bay) (Year) 16 LESS than 1 day,hrs. 0 Rmin.?	and that death occurred on the date stated above, at 10, 10, m. The CAUSE OF DEATH * Was as follows:
(a	a) Trade, protession, or Housewife	Урорин
bu	o) General nature of Industry, siness, or establishmeot in hich employed (or employer)	(Duration) yrs. mos. ds.
(1	State or country) Ireland,	(Secondary)
	10 NAME OF Patrick Juinn	(Signed) JOE HOLLS JUD , M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Ireland	*State the Disease Causing Death, or, in deaths from Violent Causes, etate (1) Means of Injury; and (2) whether Acciden-
PARE	12 MAIDEN NAME Jewie Brady	CAUSES, etate (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) Ireland	ot death yrs, mos ds. State yrs, mos ds.
14	(informant) Mary Fields (Daughty)	Where was disease contracted, it not at place of death? Former or usual residence
16	(Address) Governg Mid.	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fi	100 MM, 81 , 1912 M. J. Jula	20 UNDERTAKER ADDRESS
	. If more blanks are needed, address State Begis tran	of Brown Tarrey & Control of a fageth
(I	The state of the s	, o m. standard of, Baito, Requesting v. B. No. 1.

MARGIN RESERVED FOR BINDING

T. B. No. 1.

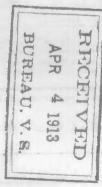
42.

[Approved by U. S. Census and American Public Health Association.]

It should be used only when needed. additional line is provided for the latter statement; fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specinaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-As examples:

Statement of cause of death—Name, first, the DIRKABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

Village or City Canto (No. Tie.) 2 FULL NAME Jahr F	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marieto, Widowes, Or Divorces (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE CACL / C , 1853 (Month) (Day) (Year) 7 AGE 1 LESS than 1 day,hrs. or	that I last saw h
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Bolto. Cld.	Contributory (Secondary)
10 NAME OF FATHER Patricle Ford 11 BIRTHPLACE OF FATHER (State or country) Ireland 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) MD. (Signed) MD. (Signed) MD. (Signed) MD. *State the DISEASE CAUSING DEATH, or, M deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE, (Informant) 10 Comments (Informant) 10 Comments 10	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos. ds. State yrs, mcs, ds. Where was disease contracted, it not at place of death?
REGISTARY 19 ME McClauskay If more blanks are needed, address State Registrar, 6	Usual residence 19 place of Burial or REMOVAL Date of Burial Click 17, 1913 20 undertaker Address 4058. Wolfe

[Approved by L. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, essary to know cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing draft (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscies

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 5 1913
BUREAU, v.s.

should state	County Baltimere.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 34
RECORD PHYSICIANS of OCCUPATI	FULL NAME Mary and 7	St; Ward) [It death occurred a hospitat or Institution give its MAME loste of street and nomber.]
H	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RESERVED FOR BINDING UNFADING INK-THIS IS A PERMANENT arefully supplied. AGE should be stated EXACTLY. that it may be properly classified. Exact statemen certificate.	Ferrale Colors Race Sainale, Mindered, Single Mindered, Single Mindered, Min	(Month) (Day) (Year) (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from 1913, to 1913 (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from 1913 (Month) (Day) (Year) (Month) (Day) (Month) (Day) (Month) (Day) (Month)
WRITE PLAINLY, WITH UN. B.—Every item of information should be call CAUSE OF DEATH in plain terms, so the important. See instructions on back of contractions on back of contractions.	11 BIRTHPLACE (State or country) Charles Co Jud 12 MAIDEN NAME OF MOTHER Marial Marileus 13 BIRTHPLACE OF MOTHER (State or country) Charles Co Jud 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lightly While	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injuer; and (2) whether accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hoapitals, Institutions, Transients of Recent Residents) At place in the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIALOR REMOVAL DATE OF BURIAL **Suicidal Suicidal Suicidad Suicidal Suicidal Suicidal Suicidal Suicidal Suicidal Suicidad Suicidal Suicidad Suicidal Suicidal Suicidal Suicidal Suicidal Suicidal Suicidad Suicidal Suicidal Suicidal Suicidal Suicidal Suicidal Suicidad Suicidal Suicidad

[Approved by U. S. Census and American Fublic Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative bealthfulwbo have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iilbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinoscipality of the control of

scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion, "Coliapse." "Coma," "Convulsions," "Debility" ("Contbcnia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis pant neoplasms); Measles; Whooping cough; Chronio cer" is icss definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the "Heart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchonneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify ail diseases resulting from (Recommendations on statement of (name origin; "Can-

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(Month) (Day) (Year) TAGE (Month) (Day) (Year) If LESS than and that death occurred on the date stated above, at \$3.000 min. 7 **COCUPATION** (a) Trade, profession, or particular wind of work (b) General nature of industry, business, or establishment in which employer (or employer) **PENTAPLACE** (State or Country) **PATHER** (State or Country) (Signed) (S	Messa (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
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TAGE If LESS than day, hrs. day, hr	(Month) (Day) (Year)	that I last saw h. 57 alive on Feb 28 1913
**State the DISPARSE CAUSING DEATH, or, in deaths from VIOLINY CAUSES, etate (1) MEANS OF INJURY; and (2) whether ACCIDENT CAU		and that death occurred on the date stated above at 3 3 %
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Where was disease contracted, it not at place of death? Former or usual residence. (Address) Grans I Place of Burial or Removal March 4th, 1913. Filed March 2, 1913 Claud Smins Registrar House Court March 4th, 1913. Registrar House Four Court March 4th, 1913.	OF MOTHER	At place lo the
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[Approved by U. S. Census and American Public Health
Association.]

material worked on may form part of the second statement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcinoses

injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL perifonitis," etc. State cause for childbirth or miscarriage, as "Purrperal reptichne-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) by carbolic acid—probably sulcide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition." "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measics (disease causing death), 29 ds., affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... "Contributory." The contributory Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-The nature of the Never report

N. B.—Every item of information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN S. No. 1.

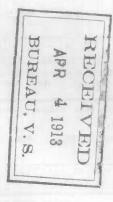
Ounty Pattings 3226	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 40
Village or City Glen arm (No. ,	St; Ward) [It death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale arlined (Widowed, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
FEL 16, 1909 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Tech 20, 1913, to head 3, 1913. that I last saw have allow on head 3, 1913.
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at b. P. m. The GAUSE OF DEATH* was as follows: The CAUSE OF DEATH * was as follows:
particular kind of work	(Secondary)
10 NAME OF FATHER Potent- Forreller 11 BIRTHPLACE OF FATHER (State or country) Q. Q. Q. Q. Mid	(Signed)
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 14. C. C. Md	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mes. ds
(Intermant) Robert Forrester (Address) Glen arm my	Where was disease contracted, it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mr. Jewy J. Ja. E. Cemetter May 5, 191 3.
Filed Mar, 4, 191 3, A. T. H. Gorden RECISTRAR If more blanks are needed, address State Registrar, 6	Lyvin Chatman Manner P. C.

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The who receive a definite saiary), may be entered as additional line is provided for the latter statement; (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupais very important, so that the relative healthfui-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing described with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing death), 29 ds.; genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ___ The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-



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RECORD	PHYSICIANS Should
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of Information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of eartificate.
M	Every Item CAUSE OF Important.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. fit death occurred in a hospital or lostitution, give its NAME lostead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, st. 1 day,hrs. DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) (Secondary) Quration) 10 NAME OF FATHER 11 BIRTHPLACE , 191 3. (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ___ yrs. __ mos, _2/ ds. of death _ State vrs. Where was disease contracted. KNOWLEDGE if not at place of death? Former or usuai residence DATE OF BURIAL (Address) 1200 W. Fac REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Houscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerchrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-



injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. which surgical operation was undertaken. mia," "Puerpusal peritonitis," etc. State cause for childbirth or miscarriage, as "PURRPERAL scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 da., affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report Examples:



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- 1	PLACE OF DEATH	STATE OF MARYLAND
Col	unty Balto.	CERTIFICATE OF DEATH
	11	Registration Dist, No. 43
	Sanda Balt	6. Co. [If death occurred in
Vill	lage or City WYMMILL (No.	St.; Ward) (I death occurred in a hospital or Institution, give its NAME instead
	Robert Q	of street and number.]
	2FULL NAME	1 The second sec
2	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE SINGLE, MARRIED, MARVIEL	16 DATE OF DEATH March 22, 1913
1	Male Slack (Write the word)	(Month) (Day Year) 17 I HEREBY CERTIFY, That I attended deceased from
B DA	ATE OF BIRTH	, 191, to
	Mukrount, 1	that I last saw h alive on, 191
7 AC	(Month) (Day (Year)	20 (1.
	t day,hrs.	and that death occurred on the date stated above, at
A .	yrs	Fracture of Skull
(a)	CCUPATION Trade, profession, or	hemorphaged brain
	Ceneral nature of industry.	Fall frod Can
busi	lness, or establishment in ch employed (or employer)	2 house (Duration) yrs mos ds.
-	RTHPLACE (State or country)	Gontributory Secondary
	(state or country) Virginia	(Doration) yrs / mos. ds.
	10 NAME OF FATHER	(Signed) / W OTSE M. D.
S	11 BIRTHPLACE	3/2/13
ENT	OF FATHER (State or country)	(Addition)
ARE	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or. in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
۵	Mikkom	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place In the
4 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted,
	pillal 72 Its	If not at place of death?
((Informant) Luca and Journal of	usual residence. Lar demertle, 1111.
	(Address) 1/28 W. Forrotogo St.,	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
15	mal 3 3 70 7 00 45	20 UNDERTAKER ADDRESS
File	REGISTRAR	address 114 %
		trar, 6 E. Franklin St., Balto., Requesting V. S. No. 100 haddle
	V	ochroface.

[Approved by U. S. Censns and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: "Foreman," -Coal

pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) prospinal term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSINO DEATH (the primary affection with respect to ("Pneumonia," fover (the only definite synonym is Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonacum, etc., meningitis"); Diphtheria (avoid use Typhoid fever (never unqualified, is indefinite): Tubcrcureport "Lyphoid "Epidemic cere-Carcin-

> valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastcs (disease causing affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; State cause for

BINDING RESERVED FOR MARGIN

V. S. No. 1.

-Eyery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.

1 PLACE OF DEATH County July 10	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Landengulano. Bu	Registered No. St; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Labert.	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black Single, Married, Widoward, Write the word)	16 DATE OF DEATH MATCH 2913 (Month) (Day) (Pear)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE 1 If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 7,2 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry.	heno the
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
BERTHPLACE (State or country) Augumia	Contributory (Secondary) (Ouration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country)	(Signed) Sun See M D. 3/2/3191 (Address) Sardenville
11 BIRTHPLACE OF FATHER (State or country) Verginuce 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Usquince	At place of deathyrsmosds. Stateyrsmosds. Where was disease contracted.
(Informant) Richard Fourther	If not at place of death? Former or usual residence and enough the service of th
(Address) 1/25 W horrotogo IC	Laure Monch 4, 191.7.
Filed M. Cla. 3, 1913 VT. f. Olayton REGISTRAR	White Fruitord 114 M
if more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1. Achoreles

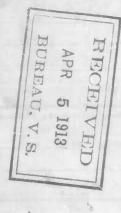
[Approved by U. S. Census and American Public Health Association.]

OF Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person trrespective of age. ness. If retired from business, that fact may be indiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). first line will be sufficient, e. g., Farmer or Planter, CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. statement. Never return "Laborer," cases, especially in industrial employments, it is nec-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age. mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Women at home, who are engaged in the For persons "Foreman," (6)

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> ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the childbirth or miscarriage, as "Pubbrebal septichaedent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for mus," "Oid Age," "Shock," "Uraemia," "Weakness," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measics; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting "Seniie," etc.), may be stated under the head (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," 29 ds.;

the certificate is permanently filed. tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWED. (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Month) (Year) if LESS than TAGE and that death occurred on the date stated above, at 1 day,hrs. OR 7 BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF Vardrues FATHER 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) was disease contracted usual residence

REGISTEAR

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Lif death occurred in a hospital or institution.

give its NAME lostead of street and number. ?

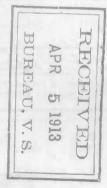
(Day)

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perionaeum, etc.. Carein-

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H. B.—Every item of information should be egrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN S. No. 1.

Village or City Gorans (No. Bel *FULL NAME Catherine M.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 3. Lona Cess. St; Ward) Slove its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARNIED, WIDOWED, OROIVORCED (Write the word) (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended decessed from 191 that I last saw h alive on 3/2 191 that I last saw h alive on 3/2 191
TAGE Cloud 74 yrs. mos. ds. or ds. or min.? Coccupation (a) Trade, profession, or perticular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Callinnorl	snd that death occurred on the date stated above, at & & .m. The CAUSE OF DEATH* was as follows: Chimis Dights Gamma (Duration) 2 yrs. mos. ds. Gontributory (Secondary)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country)	(Signed)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Address) Bellona Car. 15 Filed REGISTRAR If more blanks are needed, address State Registrar	Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Men Cashedraf Cly 20 UNDERTAKER ADDRESS LUWANTH MONOCONCO 2 IS Park Co

[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Orocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. statement. it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise speci-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1913
BUREAU, V.S.

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN

N. B.

Vil	age or City & promo Parel (No	St.; Ward) [It death occurred a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SINGLE, MARRIED, MILON WIDOWED, ORDIVERCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
7 AG	(Month) (Day) (Year) (Month) (Day) (Year) (Month) (Day) (Year) (Year) (A day,hrs. ORmln.?	that I last saw h alive on he date stated above, at The CAUSE OF DEATH* was as follows:
(a) 1 parti (b) (busin which	CUPATION (rade, profession, or cular kind of work	(Duration) yrs. mos. & de
PARENTS	10 NAME OF FATHER John G Sympand 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CHAPTER (STATE OF MOTHER CHAPTER) 12 MAIDEN NAME OF MOTHER CHAPTER G. Motherla	(Signed)
14 TH	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) (Address) (Address)	At place of death yrs. mos. ds. State yrs. mos, ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL ACCIDANT PARK. 19 BLACE OF BURIAL OR REMOVAL MAR. 7.191
File	oflar 7 th 1913 A ff (m) Ar Mar	Chan & Every & San 118 4, 2002 Rays

STATE OF MARYLAND

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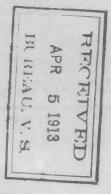
1 PLACE OF DEATH

[Approved by U. 8. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary streman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: For persons (d)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin.

cause of death approved by Committee on Nomencla childbirth or miscarriage, as "PURPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," affection need not be stated unicss important. ture of the American Medical Association.) "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for -Heart failure," "Haemorrhage," "Inanition." "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ampie: Mcastes (disease causing death), 29 ds.: valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mails. Always qualify all diseases resulting from "Senile." etc.), may be stated under the head of (Recommendations on statement of "Dropsy," ... (name origin; "Can-"Exhaustion," Never report Examples:



BINDING FOR RESERVED MARGIN

No.

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N. B.

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 15 UNFADING INK-THIS certificate. item of information should be c See instructions on back of WRITE PLAINLY, WITH CAUSE OF important.

Village or City Chase (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) Faut Gelber of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Final Color or RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h
AGE if LESS than 1 day, hrs. yrs. mos. ds. OR min. ?	and that death occurred on the date stated above, at
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which amployed (or amployer)	Stutkon infract allus 23 by Moderny (Duration) yrs. mos. os.
BIRTHPLACE (State or country)	Contributory (Secondary) (Duration) yrs. mos. ds.
10 NAME OF FATHER WAT Grebal 11 BIRTHPLACE OF FATHER (State or country)	(Signed) Thurb Harris HO, M. D. Phot 4, 191.3 (Addrass) hubble Read and *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether to the control of the control
12 MAIDEN NAME OF MOTHER Burth Paise	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) 4THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disaase contracted, If not at place of death? Former or usuai residence.
(Address), Chose med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MODELLA 1913.
Filed 1910 REGISTRAR	War Getret faction chose in

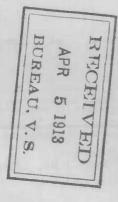
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or indust, y, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative leaithful who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman," The (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tudercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. childbirth or miscarriage. as "Puraperal scptichaemus," "Old Age," "Shock." 'Traemia," "Weakness," cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the bead injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the thenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. ture of the American Medical Association.) "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as -Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronu er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can death), 29 State cause for Examples: of



A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN

state

County Ballemore	CERTIFICATE OF DEATH Registered No. 93
Village or City Woodens burg (No.	St; Ward) [It death occ a hospital or in:
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE MADMED, MADMED, MADMED, MADMED, MADMED, MADMED, MADMED, MADMED ORDINATED (Write the word)	16 DATE OF DEATH (Month) (Month) (Day) (Your Death But I attended deceased But I attended But I attended deceased But I attended But I
7 AGE (Month) (Day) (Year) 7 AGE H LESS than 1 day,hrs. 2 mos. 2 % ds. ORmin.?	that I last saw h alive on
8 GCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Mcd	pince bith (Duration) yrs mos Contributory malmutation (Secondary) (Duration) yrs mos
10 NAME OF FATHER Hyden Sill 11 BIRTHPLACE (State or country) M 12 MAIDEN NAME	(Signed)
of Mother Ida Jones 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Hay dan Fi Lil	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs, mos. Where was disease contracted, If not at place of death? Former or usual residence.
16 Filed March 16, 1918 Jast Wilson M. D. Sept. Local, REGISTRAN	19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER Liften + Son ADDRESS Aunfalus Ar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

3233

1 PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. the nature of the husiness or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should he used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many, occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of Ill-Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the dibrable causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, it impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Pursperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmerc symptoms or terminal conditions, such as "Asample: Mcasics (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms) : Measles; Whooping cough; Chronio oma. Sarcoma. etc., of . ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig "Pueppeaal peritonitis," tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of etc. State cause for (name origin; "Can-"Exhaustion," Examples: FOF VIO



1 PLACE OF DEATH Very should in Is OCCUPATION PHYSICIANS CORD 6 Glenn Jo PERSONAL AND STATISTICAL PARTICULARS statement ERMANENT EXACTLY. 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. 6 DATE OF BIRTH classified. (Month) (Day) (Year) pe If LESS than TAGE P 1 day, hrs. ino OR. ...min. ? sh properly BOCCUPATION 5 (a) Trade, profession, or 4 particular kind of work supplied. (b) General nature of industry, be business, or establishment in may which employed (or employer) Contributory ... 9 BIRTHPLACE (State or country) (Secondary) carefully o certifical 10 NAME OF FATHER 000 0 pe 191 (Address) back 11 BIRTHPLACE terms, K OF FATHER pinons (State or country 11 AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information OR RECENT RESIDENTA 13 BIRTHPLACE 2 At place OF MOTHER of death . yrs. ATH mos. (State or country Where was disease contracted O PO Item usuai residence Every item CAUSE OF Important. 15 m ż If more blanks are needed, address State Registrar, 6 E. Frankis St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

If death occurred in

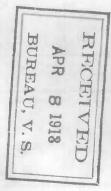
a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH That I attended deceased from and that death occurred on the date stated above, at was as follows: *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, State

[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) material worked on may form part of the second statement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, It is necbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. 'The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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injury, as fracture of skuil, and consequences (e. g., etc., when a definite disease can be ascertained as the ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig. oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.



PERMANENT BINDING T POF RESERVED UNFADING MARGIN WITH state

RECORD

EXACTLY.

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carefully supplied.

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3235 1 PLACE OF DEATH Very County... of OCCUPATION IS PHYSICIANS should Exact statement PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED. WIDOW ED, Write the word 6 DATE OF BIRTH classified. (Day) (Month) (Year) 7 AGE It LESS than 1 day.....hrs. OR ? properly BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, be business, or establishment In may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) = that 10 NAME OF FATHER ō back PARENTS 11 BIRTHPLACE terms. OF FATHER (State or country) 0 12 MAIDEN NAME In plain See Instructions OF MOTHER of Information DEATH in pials 13 BIRTHPLACE OF MOTHER (State or country) 14THE ABOVE Item OF Important. CAUSE (15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[It death occurred in St.;...Ward) a hospital or institution, give its NAME Instead of street and number.]

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from
, 191°, to, 191,
that I last saw h allve on Still Larra, 1913
and that death occurred on the date stated above, at
The CAUSE OF DEATH* was as follows:
Cause sans Brown
Contributory (Secondary)
(Signed) Or J. C. M. D.
*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
Former or usual residence
Fair hier Cemoley Mas 4, 1913
Dym 6 Brooks Skarker

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. The "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second of persons engaged in domestic service for wages, as who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife; Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal it should he used only when needed. As examples: additional line is provided for the latter statement the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engincer, applies to each and every person, irrespective of age. mine, etc. (a) Spinner, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Ranter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative lealthful-Statement of occupation-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, -Precise statement of occupa-The question For persons "Foreman,"

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cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tetanus) may he stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEEPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal scottchae genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor't for maily oma. Sarcoma. etc., of ... "Contributory." which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory "Old Age," "Shock." 'Traemia," "Weakness," (Recommendations on statement of (secondary or intercurrent "Dropsy," "Exhaustion," (name brigin; "Candeath), 29 ds.: Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1913
BUREAU, v.s.

should state ON is very	County Ballinge 3236	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No.
RECORD PHYSICIANS shoul	Village or City Towards (No	St; Ward) [If death occurred a hospital or institution give its NAME instead of street and number.]
H . #	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
BINDING A PERMANEN' e stated Exactly ed. Exact stateme	Mach Welch (Write the word)	16 DATE OF DEATH (Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended depeased from
	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h in alive on Much 29 1913
HIS IS A should be sy classiffed.	7 AGE 11 LESS than 1 day,hrs. 02 min. ?	and that death occurred on the date stated shove, st 12.2 of m. The CAUSE OF DEATH * was as follows:
MARGIN RESERVED F E PLAINLY, WITH UNFADING INK—TI information should be carefully supplied. AGE ATH in plain terms, so that it may be properliastructions on back of certificate.	* OCCUPATION (a) Trade, profession, or Reliced Bank Cashica (b) General nature of industry, business, or establishment in which employed (or employer)	(Doration) S yrs. mos. ds
	9 BIRTHPLACE (State or country) Ja Mon: new yn! 10 NAME OF FATHER Salmon Greez 11 BIRTHPLACE OF FATHER (State or country) New Yn! 12 MAIDEN NAME	(Signed) (Deration) yrs mos ds
	13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the
WRIT Every item of it GAUSE OF DE. Important. See	(Informant) C B Garable) (Address) 2 Ch Biddle W	former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (About 2 192
7. S. No. N. B.—Eve CAL	REGISTRAR If more blanks are needed, address State Registrar	29 UNDERTAKER ADDRESS

FOR BINDING

MARGIN RESERVED

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of lilheen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, Housewife, Housework, or At Home, and children, not Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—In always the same accepted time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonacum, etc.. Carcin-

mia," "Puerperal peritonitis," etc. sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anacmla" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds. cer" is less definite; avoid use of "Tumor" for malk: cause of death approved by Committee on Nomencia-Injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. ture of the American Medical Association.) "Contributory." Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples:

If this certificate is looked over thoroughly and all quentions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1913
BUREAU. V. S.

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	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, WIDOWES, ORDINARCE ORDINAR		(Month) (Day) (Day) 17 I HEREBY CERTIFY, That I attended decease
6 D/	(Month) (Day) (Year)	that I last saw h. (A) allve on March 196
7 AG	If LESS than day,	and that death occurred on the date stated above, at 1. The CAUSE OF DEATH & was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Sa Way's Co Md		Contributory (Secondary)
9 B1 (St	tate or country)	and mile to the (Duration) yrs mos
9 BI (St	10 NAME OF FATHER James Green Spenner	(Signed) (Buration) yrs mos. (Signed) (Address) / 2 20 1 7
ENTS	10 NAME OF FATHER (State or country) St. May a los Mal Shew the	(Signed) (Address) / 2.01 (Signed) (State the DISEASE CAUSING DEATH, or, In deaths from VI CAUSES, state (1) MEANS OF INJURY; and (2) whether Ac
NTS	10 NAME OF FATHER 11 BIRTHPLACE 11 BIRTHPLACE	(Signed) W. Winsey Med 18, 1913. (Address) / 2.20 1, Fig. 10 *State the DISEASE CAUSING DEATH, or, in deaths from Vi

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

3237

1 PLACE OF DEATH

STATE OF MARYLAND OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUEBPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis. cause of death approved by Committee on Nomenciasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malty-The contributory (secondary or intercurrent) Always qualify all diseases resulting from mny be stated under the head (Recommendations on statement of (name origin; "Can-Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1913
BUREAU. V. S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING W. B. No. 1.

County Place of Death 3238	STATE OF MARYLAND CERTIFICATE OF DEATH				
Village or City Orlugton (No. 5227 Tark Height St.; Ward) *FULL NAME Jasefeline a. Srey Registration Dist. No					
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED,	16 DATE OF DEATH Month (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from				
(Month) (Day) (Year)	Let 20 1913 to met 25 1918, that I last saw her alive on meh 24 1913				
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at				
(a) Trade, profession, er particular kind ef work. (b) General nature ef Industry, business, or establishment in which employed (or employer)	(Doration) yrs. mos. ds.				
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 DIRTHPLACE	(Secondary) (Deration) yrs				
Z OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL				
of MOTHER Mary Marbale 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, ds.				
(Informant)	Where was disease contracted, If not at place of death?				
(Address) 2/16 Barclay 18 Filed Web 3/, 1913 Hawy, a. Wanter Redistrar	DATE OF BURIAL OBREMOVAL DATE OF BURIAL DIES 5, 1913. 20 UNDERTAKER LOUIS OF BURIAL ADDRESS LOUIS OF BURIAL ADDRESS LOUIS OF BURIAL ADDRESS LOUIS OF BURIAL ADDRESS LOUIS OF BURIAL				
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.					

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iilof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, the nature of the business or industry, and therefore an For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease to the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomencia-"Contributory." Aceidental drowning; Struck by railway train-accimia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage, as "Puerperal scpticharetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Coilapse." "Coma," "Convulsions," "Debility" ("Con affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritix ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Mcasics (disease causing death), 29 ds.: uant neopiasms); Meastes; Whooping cough; Chronical oma. Surcoma. etc., of ... is less definite; avoid use of "Tumor" for mails The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 5 1913
BUREAU, V.S.

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	N. BEvery Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	Important. See instructions on back of certificate.
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PLACE OF DEATH 3239	STATE OF MARYLAND
County Balt	CERTIFICATE OF DEATH
Gounty Russe	Registered No. ST
Willes on Pland Parls 105 /2	
Village or City Wand Tarle (No. 103)	St; Ward) a hospital or institution,
	give its NAME instead
* FULL NAME Carrir Gugg	enhouner
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temple White (Write the word)	18 DATE OF DEATH See (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
July 10 1849	Mud , 1913, to Med 1, 1913,
(Month) (Day) (Year)	that I last saw her alive on Ma d 27 ,1913
7 AGE If LESS than	and that death occurred on the date stated above, at 1030 h m.
6 3 8 17 1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs. mos. ds. OR. min. ?	1
8 OCCUPATION (a) Trade, profession, or	Casemona & Ch-
particular kind of work.	Adamsel
(b) General nature of Industry, business, or establishment in	(Guration) / yrs. mos ds.
which employed (or employer)	Contributory & han ten hun aba
BIRTHPLACE (State or country)	(Secondary)
Jernany	descor (Deration) lyrs mos & ds.
FATHER Landona Hambura	(Signed) Julius treching, M. D.
11 BIRTHPLACE	lefel 18, 1913 (Address) 10 13 M Chaile Se
(State or country) Germany	State the DISEASH CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Acciden-
C 12 MAIDEN NAME OF MOTHER OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
n // / / / / / / / / / / / / / / / / /	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE of MOTHER (State or country)	At place in the
	of death yrs mos ds. State yrs, mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at ptace of death?
(informant) www tery	Former or usual residence
Address) 163 Kelghwood Ref	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
(ADDress)	Balt Helren Ench 30 7913
(Meyor 3) Alaced Same	20 UNDERTAKER ADDRESS
FIIED REGISTRAR	Dand Tondheim 118 Whispoyala
if more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of IIIbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not puld Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the nisease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichacetc., when a definite disease can be ascertained as the sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. thenia." "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mails "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. nant neoplasms) : Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin: "Can Never report Examples:



1 PLACE OF DEATH 3240	STATE OF MARYLAND
County Ballimore	CERTIFICATE OF DEATH
Village or City Wotch Cliff (No. 2 FULL NAME Sisler Mary Find	St; Ward) [If death occurred in a hospital or institution, give lis NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single Write the word) Space of BIRTH (Month) (Day) (Year)	16 DATE OF DEATH March (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from May 16 191 2, to March 191 3, that I last saw here alive on March 191 3.
If LESS than 1 day, hrs. OR min.? **OCCUPATION* (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at 5 G. m. The CAUSE OF DEATH* was as follows: Pulm on any Lubernulosis.
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Leland	Contributory Sauce (Secondary)
10 NAME OF FATHER Lim other D. 11 BIRTHPLACE OF FATHER (State or country) Lel and 12 MAIDEN NAME OF MOTHER May and Crowley	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 1 seland	at place of death yrs. 9 mos. 12 ds. State Md yrs. 9 mos. 12 ds.
(Informant) Sister many clara (Address) Villa many World Cliff	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 1913 Claud State Registran If more blanks are needed, address State Registran	Notch Cliff Meash 191.3 20 UNDERTAKER A Pink & Lon 9/6 M. Goy for B. B. Branklin St. Batto Requesting V 8 No. 1

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at begianing of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons eagaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, salary), may be entered as Farmer or Planter, As examples For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Paeumonia," unqualified, is indefinite); Tuberculosis of tungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) by carbolic acid-probably suicide. The nature of the mia," "PUERPEBAL peritonitis," etc. "Collapse." "Coma," "Convulsions," "Debility" ("Conampie: Meastes (disease causing death), 29 ds.; valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuii, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of . "Contributory." The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Can-State cause for Never report Examples:



PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

S. No.

2 ż

RECORD

state Very of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is See instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, s important. See instructions on back o

1 PLACE OF DEATH 3241 County Baltimore

Village or City Trenton

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.34

.Ward) St:

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME I argaret Marcella Hampt

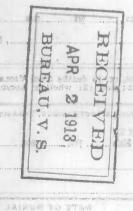
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH
3 SE	l s amare		16 DATE OF DEATH 3 16 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH	, 1.859 (Year)	Nch. 8, 1913, to Nch. 16, 1913, that I last saw h Cr alive on Nch. 16, 1913
	53 yrs. 7 mos. 10 ds. 0	If LESS than day,hrs.	and that death occurred on the date stated above, at 10 a.m. The CAUSE OF DEATH* was as follows: Poisoning by Paris Green, with Suicidal intent.
par (b) busi	Frade, profession, or ticular kind of work Housewife. General nature of industry, ness, or establishment in the employed (or employer)		(Duration) yrs. mos. ds Contributory Heart Failure.
9 BI	Naryland. 10 NAME OF		(Signed) (Si
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland. 12 MAIDEN NAME		3/16/ ,1913 (Address) Hampstead, Md. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PAF	13 BIRTHER Nancy Merryman. 13 BIRTHER (State or country) Maryland.		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death
	Informant CL Principle	DGE	Where was disease contracted, If not at place of death? Former or usual residence
15 File	00000	EGISTRAR	19 PLACE OF BURIAL OR REMOVAL Leuton Md Mar. 1.8., 1913. 20 UNDERTAKER ADDRESS L. O. Dipton Hon Hampstead T. 6 E. Franklip St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement the nature of the business or industry, and therefore ar essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age ness of various pursuits can be known. The question Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not it, should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Farmer or Planter, Salesman, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing dwarf (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia") unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) "Contributory." sepsis; tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. &., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: For VIO-



STATE OF MARYLAND CER

TIFICATE OF	DEATH
Registered	No. 35

[It death occurred la a hospital er institution give its NAME Instead of street and nomber.]

1442 n. Broadway

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH Mich 19	1 9 1
(Month)	(Day) (Year)
Nels 18101 to M	1 sttended deceased from
that I last saw her allve on Mu	hly 1913
and that death occurred on the date state	d above, at m
The CAUSE OF DEATH* was se follows:	20
Interculves	// Cerry
* 40 0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
(Bunalias)	
(Duratieo)	yrsds.
Contributory Mercuno (Secondary)	ma-
(Deration)	yrs mos ds
MALIA	+ lus M.D.
(Signed)	H. D.
nh 20/1391 (Address) C	Musely
*State the DISEASE CAUSING DEATH, or CAUSES, state (1) MEANS OF INJURY; as TAL, SUICIDAL, Or HOMICIDAL.	in deaths from VIOLENT and (2) whether Acciden-
18 LENGTH OF RESIDENCE (FOR HOSPITALS	, INSTITUTIONS, TRANSIENTS
OR RECENT RESIDENTS)	
Af place In the of death yrs mos ds. State	yrs, ds.
Where was disease contracted.	, , , , , , , , , , , , , , , , , , ,
if not at piace of death?	
Former or	
usual residence	
Snow Hill - Horcester les, hed	Much 21, 191 3
2D UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. 8. Census and American Public Health Association.]

: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers It should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE mine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Purrenal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Pueeperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailg-"Contributory." Accidental drowning; Struck by railway train—acci-"Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. S. No. 1.

PLAGE OF DEATH 3243	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Currently No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale Color or race Single, MARAJERA WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17) I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	that I last saw H alive on Jacob M 191
7 AGE (Month) (Day) (Year) 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 5.75. The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) 1D NAME OF FATHER 11 BIRTHPLACE 11 BIRTHPLACE 11 BIRTHPLACE 11 BIRTHPLACE	(Secondary) (Duration) (Signed) (Signed) (Address) (Address)
11 BIRTHPLACE OF FATHER OF FATHER OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place in the
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant)	of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence
(Address) James and July 15 15 Filed Marsh, 191 Pages Doming REGISTRAR	PPLACE OF BURIAL OR REMOVAL PATE OF BURIAL 20 DINERTAKER ADDRESS Fullerty
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekcepers the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreman septichae Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of may be stated under the head of (name origin; "Can-State cause for "Exhaustion," Examples:



	RECORD	PHYSICIANS should state of OCCUPATION Is very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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STATE OF MARYLAND County Baltings County Baltings	
Village or City Ownigs Mills Roseword State France School (No, St.; Ward) Full NAME Wells Horistore Hawks Registration Dist. No [if death occurred a hospital or instituting give its NAME instead of street and number.]	ion, lead
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, Frigle (Month) (Day (Year (Write the word))	r)
6 DATE OF BIRTH (Worth the word) 17 J HEREBY CERTIFY, That I attended deceased for the property of the last saw h. in ally on March 29 191 (Month) (Day (Year) that I last saw h. in ally on March 29 191	rom
TAGE It LESS than 1 day, hrs. OR min. ? Corugeules Heavy Corugeul	m,
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Vivanua Contributory Secondary Foundates	2. ds.
11 BIRTHPLACE OF FATHER (State or country) W. Virguind *State the Disease Causing Death, or, in deaths from Viol. Causes, state (1) Means of Injury; and (2) whether Accident that the Country of the Causes, state (1) Means of Injury; and (2) whether Accident that the Causes, state (1) Means of Injury; and (2) whether Accident that the Causes, state (1) Means of Injury; and (2) whether Accident that the Causes, state (1) Means of Injury; and (2) whether Accident that the Causes of the Ca	M. D. Meg LENT IDEN-
OF RECENT RESIDENTS) At place OF MOTHER (State or country) OR RECENT RESIDENTS) In the State	ents,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Former or usual residence. 2120 Chelsen tre. Balto 1	Med
(Address) Cluber Mells, Med 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 Filed Zeel 7 9, 191 3	

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman,"
"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second cated this: Farmer (retired 6 yrs.) For persons dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But lu many Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa If retired from business, that fact may be indlvery important, so that the relative healthful-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, "Laborer," If the occupation has As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death—limit and cansation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenciasepsis, tetanus) mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puenperal septichaemns," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic thre of the American Medical Association.) "Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," "Coilapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can Bronehopneumonia (secondary), 10 ds. is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of may be stated under the head State canse for Never report For vio-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 2 FOR UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY, WITH

No.

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N. B.

South 3245	STATE OF MARYLAND CERTIFICATE OF DEATH
71 11 11 ·	Registration Dist. No. 44
Village or City Jurner Station	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH // (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
GDATE OF BIRTH March 7th, 1913	that I last saw hallve m
(Month) (Day) (Year) 7 AGE If CESS than 1 day hrs. Or min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Jurner Str. Bulto Lo	(Ouration) yrs. mos. ds. Contributory (Secondary) (Secondary) yrs. mos. ds.
10 NAME OF Chartfagel 11 BIRTHPLACE OFFATHER (State or country) Virginia 12 MAIDEN NAME OF MOTHER Ella Smith	(Signed) 1813 (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE SEST OF, MY KNOWLEDGE	At place In the ot death
(Informant) Ella Omietts (Address) Lumer Sta. Balts Co 15 Filed Mar 8, 1913 Gl. M. Jonney In REGISTRAR	If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Aboung Envetary Mar. 9, 1913 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Servant, Cook, Housemaid, etc. If the occupation has statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage. as "Tuerreral septichacture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Tracmia," "Weakness," "Theart fallure," "Haemorrhage," "Inanition," "Maras genital," "Collapse." "Coma," "Convulsions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mails The contributory Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), may he stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," __ (name origin; "Can death), 29 ds.: Examples: 10

If this certificate is looked over thoroughly and all gorstions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 5 1913
BUREAU, V.S.

N. B.

County Pattingre 3246	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registered No 36
VIIIage or City Tew Market (No. Balto Christi	The Hendric St.; Ward) [It death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARIEO, WIOWEO, OROWORCE (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	that I last saw h.e. ye. alive on 3 1 , 1913
7 AGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH * was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Balts. Co. Ind. 10 NAME OF FATHER D'illiam N. Hendrix 11 BIRTHPLACE (State or country) Balts. Co. Ind. 22 Maiden NAME OF MOTHER Blanche O Moch	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Balto. Co. Mid.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos, ds.
(Interment) MARY Land Line Ind. (Address) Mary Land Line Ind. Filed Cauca 1(1913, BILL September 16)	Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL 29 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Registral	r, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

Pa

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Coak, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenciasuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition." "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for mailg. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (disease causing "Dropsy," __ (name origin; "Candeath), 29 State cause for "Exhaustion, For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 4 1918
BUREAU, v. s.

BINDING FOR MARGIN RESERVED

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 3247	STATE OF MARYLAND
County Saltemore	CERTIFICATE OF DEATH
. 1	Registered No. 3
Village or City Koslyn (No	St; Ward) [if death occurred a hospital or institution give its NAME insternation of a street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH 3 24, 1913 (Month) (Day) (Year)
8 DATE OF BIRTH 3 24 , 1913 (Month) (Day) (Year)	17 I HEREBY GERTIFY, That I attended deceased from 191 that I last saw h alive on 191
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, profession, or particular kind of work	(Duration) yrs mos da
9 BIRTHPLACE (State or country) Pales. County 10 NAME OF FATHER Samuel Henson 11 BIRTHPLACE	(Signed) (Signed) (Signed) (Address) Posling Mr. D
OFFATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 Angland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place lo the of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Saml Henson	Where was disease contracted, if not at place of death? Former or usual residence.
15 Filed May 25, 1913 Harby REGISTRAN	19 PLACE OF BURIAL OR REMOVAL Man 253, 1913 20 UNDERTAKER ADDRESS PLACE OF BURIAL Man 253, 1913
	F 6 E. Franklin St. Raito. Requesting V S. No. 1

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of iil-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral septicharetc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrbage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) ; Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of .. The contributory Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion." (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples:

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APR 2 1913
BUREAU. V.S.

Important.

N. B.

S. No.

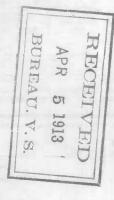
1 PLACE OF DEATH 3248	STATE OF MARYLAND
County Balls -	CERTIFICATE OF DEATH
Village or City Raspeburg (No. 2 FULL NAME Peter Hirdes	Registered No. 4.3 St; Ward) St; Ward) St; St; Ward a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	18 DATE OF DEATH March. 12 th, 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	ear) that I last saw halive on
2 1 day,/	hing. The pouse of DEATH was as follows:
(a) Frade, profession, or particular kind of work (b) Beneral nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Cardiae Delatation (Secondary) (Duration) (Duration)
10 NAME OF FATHER GO, a Hercleger 11 BIRTHPLACE OFFATHER (State or country) Germany 12 MAIDEN NAME OF MOTHER MANAGER IT Amag A	(Signed) // (Signed) , M. D. Mal 2 , 1912
of Mother Margeret anna 9 13 BIRTHPLACE OF MOTHER (State or country) Lermany	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mangaret Hundliger	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Raspeling 16 Filed M. M. 12, 191 3. 4. A blay too REGISTOR	
If more blanks are needed, address State E	tegis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, Irrespective of age. tlon is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursults can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ampie: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailssuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJUSY and qualify as childbirth or miscarriage, as "Purrerral septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of . cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ture of the American Medical Association.) "Contributory." sepsis, tetanus) The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion, FOI VIO-



G	PLACE OF DEATH 3249 Ounty Balto	STATE OF MARYLAND CERTIFICATE OF DEATH
-	The state of the s	Registered No.
v	*FULL NAME Margaret &	Sofferberth [If death occurred is a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	4 GOLOR OR RACE Single, MARRIED, and awd White the word) ATE OF BIRTH	16 DATE OF DEATH March (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day) (Year)	that I last saw her alive on mrch 3, 1913
(a)	Syrs. 7 mos. 20 ds. OR. min. ? CCUPATION Trade, profession, or floular kind of work.	and that death occurred on the date stated above, at 39 m, The CAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)		(Duration) yrs. mos /5 ds. Contributory Yrasunic Convalations (Secondary) (Duration) yrs. mos 2 ds.
PARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER ALL 4	(Signed)
P	13 BIRTHPLACE OF MOTHER (State or country) State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place in the of death yrs mos ds.
(Informant) Emma Muderwood		Where was disease contracted, If not at place of death? Former or usual residence
15C	(Address) / 2/5) Charles of Claushan Recistration	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL
	ii more blanks are needed, address State Registrat	c, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," such, if impossible to determine definitely. mia," "PULRPERAL peritonitis," etc. childbirth or miscarriage, as "PURPERAL scptichaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples:

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BINDING

FOR

RESERVED

MARGIN

PLACE OF DEATH	0000	SI	TATE OF MARY	LAND
County Bally.	3250	CER'	TIFICATE OF	DEATH
County		401	Padistared	No. (110)
// ' /			Kegisteted	No. 40
Village or City Ings	ia L. H.	olland	St; Ward)	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL	CERTIFICATE OF D	EATH
3 SEX 4 COLOR OR BACE	S SINGLE,	16 DATE OF DEATH	11.	1 1
Temale White	MARRIED, Man. WIDOWED, ORDIVORCED (Write the word)		(Month)	(Day) (Year)
6 DATE OF BIRTH	15	17 I HEREBY	Y CERTIFY, That I att	ended deceased from 2 2 191.3.
(Month)	(Day) , 1850 (Year)	that I last saw h.		
7 AGE	It LESS than	and that death occurred	on the date stated abo	ve, at 630 a m
62 9	osds,nrs.	The CAUSE OF DEATH*		
BOCCUPATION	151	cancer	of The SI	burach
(a) Trade, protession, or	rke	20070000000000000000000000000000000000	<i></i>	
(b) General nature of industry,				7000
business, or establishment in		***************************************	(Duration) // y	rs. 6 mos / ds.
which employed (or employer)	0 01	Contributory		•
9 BIRTHPLACE (State or country)	2 60 Med.	(Secondary)	(Doration)	
10 NAME OF LOCAL	rink	(Signed) L. F. K	ti Game	-cl , M 0.
V) 11 BIRTHPLACE OF FATHER Z (State of country)	2 C Great	Mear 6 , 1913	(Address) Forfc	and
11 BIRTHPLACE OF FATHER Z (State of country) 12 MAIDEN NAME OF MOTHER	J. Jan	*State the DISEASE C CAUSES, state (1) MEA	AUSING DEATH, or, in d	leaths from VIOLENT
M 12 MAIDEN NAME OF MOTHER	Pulaken-	TAL, SUICIDAL, OF FIOM	TCTDAL.	
13 BIRTHPLACE	0000	18 LENGTH OF RESIDEN OR RECENT RESIDENTS	ICE (FOR HOSPITALE, INS	TITUTIONS, TRANSIENTS
OF MOTHER (State or country)	& Co hes.	At place of death yrs mos	In the	yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST	OF MY KNOWLEDGE	Where was disease contracted,		
General - (200)	It not at place of death?	8 000 000 000 000 000 000 000 000 000 0	90030003000300000000000000000000000000	
(Informant)	7 4	usual residence		2974000000000000000000000000000000000000
(Address) July sulk	e ma	19 PLACE OF BURIAL O	/ 4	ATE OF BURIAL
15	71.0		Engralle Med	mel 8, 191 3
Filed Mar 6, 1913 L. T.	20 UNDERTAKER	AI AI	DORESS	
	LUZGE REGISTRAR	John artu	Drook o	401R MO
If more blanks are needed	d, address State Registrar, 6	Franklin St., Balto., Rec	questing V. S. No. 1.	

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return ""Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal** fiver (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria** (avoid use of "Croup"); *Typhoid fever (never report "Typhoid pneumonia"); *Lobar pneumonia; *Bronchopneumonia** ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc... *Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: cbildbirth or miscarriage, as "Puepperal septichae-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atropby," Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of __ is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1913
BUREAU, V.S.

PLACE OF DEATH 3251	STATE OF MARYLAND
County Ballings	CERTIFICATE OF DEATH
County	Registered No. 43
Village or City Malquilleno. Sa	St; Ward) a hospital or institution give its MAME instea
2 FULL NAME Catherine. S	Holmes of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jumple Mult (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY. That I attended deceased from
MARTINE 13 1911	17 I HEREBY CERTIFY, That I attended deceased from the 10 deceased from 10
(Month) (Day) (Year) AGE II LESS than	and that death occurred on the date atated above, at 1030 Pm
1 day,hrs. 2 ds. 0Rmin.?	The CAUSE OF DEATH * was as follows:
GOCCUPATION (a) Trade, profession, or particular kind of work.	Lalar Pumpana
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos / 5 ds
BIRTHPLACE (State or country) Balls. Co. Md	Contributory (Secondary) (Duration) yrs mos de
10 NAME OF Charles Holmes	(Signet) Aller Grangewald, M.
11 BIRTHPLACE OFFATHER (State or country) 12 Maiden Name OF Mother OF Mother	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL STATES OF HOMEONE ACCIDENTAL STATES OF
of MOTHER Hellia G. Mulleken	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPERS
13 BIRTHPLACE OF MOTHER (State or country) Tullot C. Mid	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TOUT TO THE BEST OF MY KNOWLEDGE (Informant) Allee	Where was disease contracted, It not at place of death?
(Address) Southern au Bardenville)	19 BLACE OF BURIAL OR REMOVAL PLATE OF BURIAL
Filed Mch // 1913 W. F. Clayton	Delliner Cemelity Meet 12, 191 ~
If more blanks are needed, address State Registrar, 6	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The question

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. State cause for LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purprenal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," ._ (name origin; "Candeath), 29 ds.; "Exhaustion,"



S. No. 1.

PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT EXACTLY. UNFADING INK-THIS IS may be DEATH in plain terms, so See instructions on back of WITH CAUSE OF DE County....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Village or City T. Renne (No	St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH MANN 34 ,1913 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Much 31 (Month) (Day (Year) 7 AGE If LESS than	Merch 31, 1913 to Much 37, 1913, that I last saw h Sy allve on Morch 34, 1913
7 AGE If LESS than 1 day,hrs. or 3 emin. ?	and that death occurred on the date stated above, at 1. 10 Wm, The AUSE OF DEATH* was as follows:
G OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Surface Debeloy Ovale Outline (Duration) Outline Contributory Secondary
10 NAME OF FATHER OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (STATE OF COUNTRY) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) 15 Plans 7 7 Pull .	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Lifori 3, 191 3 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. Grocery; (a) Foreman, (b) Automobile factory. The fication as Day laborer, Farm laborer, Laborer-Coal For many occupations a single word or term on the eated thus: Furmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never rcturn "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lober pneumonia; Bronchopneumonia ("Pneumonia." unqualified, is indefinite): Tuberculcesis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is less definite; avoid use of "Tumor" for malig sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease eausing death), 29

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

APR 2 1913 BURDAULV S. arefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very

RECORD

carefully supplied. certificate.

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See instructions on back

Important.

(Address)

Every item of information should be of CAUSE OF DEATH in plain terms, so

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No. ó WRITE

Village or City Canton (No. 321) 2FULL NAME Still-born of 6 h	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospifal or institution, give its NAME instead of sfreet and number.] arle a. + batherine Horman,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
8 DATE OF BIRTH 3 5 , 1916 (Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS fh. 1 day,hi OCCUPATION (a) Trade, profession, or parficular kind of work.	S. The CAUSE OF DEATH * was as follows.
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory (Secondary)
10 NAME OF Charles a. Horman 11 BIRTHPLACE OF FATHER (State or country) Mary land. 12 MAIDEN NAME Catherine Smith 13 BIRTHPLACE OF MOTHER CATHERY Maryland 13 BIRTHPLACE OF MOTHER (State or country) Maryland	(Signed)

(Informant) Tather

(Address) 3217 Willon

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Where was disease contracted, If not at place of death?

Former or usual residence

mch) 1

739 E. Cagu Sh

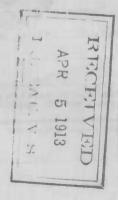
If more blanks are needed, address State Regis trar, 6 E Franklin St., Balto. Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puraperal scottchaccause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemla," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritim nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.). (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-



of Information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

RECORD

A PERMANENT

WRITE PLAINLY, WITH UNFADING INK-THIS IS

B.-Every item of information should be CAUSE OF DEATH in plain terms, at

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Important.

No. 1. 80

1 PLACE OF DEATH Edliemon 3254

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

	0//	,	4 7	/	
Village or City	Ushla	ng	(No. / lans	Land	St.;Ward)
		,	29	ALANT LAN	

[It death occurred in a hospital or Institution,

* FULL NAME Lastina Ho	give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	18 DATE OF DEATH March (Month) (Day) (Year) 17 (J HEREBY CERTIFY, That J attended deceased from
TAGE Cargust 16 (Month) (Day) (Year) Tage	that I last saw h in alive on Illarch 3, 1913, and that death occurred on the date stated above, at 3 am,
BOCCUPATION (a) Trade, profession, or particular kind of work Soccupation (a) Trade, profession, or particular kind of work Soccupation Soccupati	The GAUSE OF DEATH* was as follows:
(b) General natura of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER	(Duration) yrs. mos. // ds. Contributory wrannic Causaning (Secondary) (Deration) yrs. mos. & ds. (Signed) Programment, M. D.
11 BIRTHPLACE OF FATHER (State or country) Ireland 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
12 MAIDEN NAME SCOPE OF MOTHER SCOPE 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al place In the of death yrs, mos, ds. Where was disease contracted, if not at place et death? former or usual residence
(Address) Wishland 15 Filed Mord, 1913 Styrologyala REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PREMIUM Committee Mer 5, 1913 20 UNDERTAKER ADDRESS Profile Market ADDRESS Profile Market ADDRESS Profile Market ADDRESS ADDRESS
If more blanks are needed, address State Registrar	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc... Carcin-

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Filed March 3,191 3

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Instructions

certificate.

RECORD

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Dallimore Registration Dist. No. Tif death occurred in gnes (No. VY aspecta a hospital or institution. give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, march 3 SEX 4 COLOR OR RACE MARRIED. married WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH March 3, 1913, to. (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at 2.12 1 day hrs. OR 7 BOCCUPATION (a) Frade, profession, or Houseur particular kind of work... hurahan (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. PAR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) _____ yrs. ____ mos. ____ ds. State yrs. ____ mos. Where was disease contracted. If oot at place of death?usual residence. DATE OF BURIAL March & 191 15

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

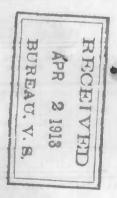
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers statement. it should be used only when needed. As examples:
(a) Spinner, (b). Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. CAUSING DEATH, state occupation at Beginning of ili-Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcinbosis of lungs, meninges, peritonaeum, etc..

such, if impossible to determine definitely. ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrerral septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritia nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 (name origin; "Can-State cause for Examples: For VIO-



N. B.—Every item of information should be oarcfully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RESERVED FOR BINDING MARGIN V. 8. No. 1.

PLACE OF DEATH 3256	STATE OF MARYLAND
Batter as	CERTIFICATE OF DEATH
County County	Rossitivany Registered No. 3
Village or City Govars Md (No. Betwo	[It death occurred in
Village or City WWW / WO (No.	ward) St.; Ward) a hospital or institution, give its NAME instead
10- A A	of street and number.]
FULL NAME Coroung CC.	- www.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Surglu	16 DATE OF DEATH Mch 30 1013
Female White (WIDWED, ORDIVORCED) (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 Mch. 29 1013 to Mch 29
11011 94	
(Month) (Day) (Year)	that I last saw h. L. alive on Mch 29 ,1913
7 AGE It LESS than	and that death occurred on the date stated above, at 4/0 a.m.
2 vrs. 10 mos. 5 ds. ormin.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	Distripentie Comp
(a) Trade, profession, or particular kind of work.	o Syprogram Cy 1772
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE 0 14	Contributory As Chewia (Secondary)
(State or country) Balto Co MA	(Deration) yrs mos / .4\$.
10 NAME OF AL DT. ALL	(Signed) A Objust M. D.
Marie y Tourson	meh 30, 191 3. (Address) 716 E. Gus to It
OF FATHER (State or country) Sattinge MA 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Saratude Mars	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
(State or country) Forum Co Ma	of death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) Derbrute / Jubbard	Former or usual residence.
Sorans Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Mount Cornel Cemeter March 3 0 1913
W/V/ > (land) mint	20 UNDERTAKER ADDRESS
Filed REGISTRAR	George Schilling + Sons 1/26 EM manner
If more blanks are needed, address State Registrs	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Bolto Md
V	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b)Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid nse of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage, as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convuisions," "Debility" ("Conample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Coutributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Accidental drowning; Struck by railway train-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

APR 4 1913
BUREAU. V. S.

N. B.—Every item of information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN 7. S. No. 1.

PLACE OF DEATH 3257	STATE OF MARYLAND		
County Bald	CERTIFICATE OF DEATH Registered No. 34		
Village or City Bonne (No	St; Ward) St; Ward) Hundermark [it death occurred in a hospital or institution give its NAME instead of street and nomber.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
male white (Write the word)	(Month) (Day) (Year)		
6 DATE OF BIRTH 3 6, 19.15 (Month) (Day) (Year)	fmBesthis 191 191 191 191 191 191 191 191 191 19		
7 AGE If LESS than 1 day,	and that desth occurred on the date stated above, at		
GOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory (Secondary) (Duration) yrs mos ds (Duration) yrs mos ds		
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) Jasthurland, N. B. , 191 (Address) Jasthurland, N. B. *State the Disease Causing Death, or, in deaths from Vallent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
of Mother mande Duce 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 8 MARIENE HUMBERT MARKETTERS (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence		
Address) Borung 15 Filed Mch. 22, 1913 Le E Fourth M. C. Registran 15 more blanks are needed, address State Beristra	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mount Jion March 22", 1915. 20 UNDERTAKER ADDRESS Chor Lipton + Son Hampalead L., 6 E. Franklin St., Balto, Requesting V. S. No. 1.		

STATE OF MARYLAND

39 FM

[Approved by U. S. Census and American Public Health
Association.]

: Aroccry; (a) Foreman, (b) Automobile factory. material worked on may form part of the second statement. Never return "Laborer," "Foreman," who have no occupation whatever, write None. eated thus: Farmer (rettred 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speel-It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Dneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. mia," "Pueuperal peritonitis," etc. State cause for childbirth or misearriage, as "Purpural scptichaccause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Treart failure," "Haemorrhage," "Inanition," "Maraagenital," "Scnile." etc.), "Dropsy," "Exhaustion," ample: Meastes (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . "Contributory." "Collapse." "Coma," "Convulsions." "Dehility" ("Conthenia." "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms) : Measies; Whooping cough: Chronio Is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from may he stated under the head (Recommendations on statement of (name origin: "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 2 1918
BUREAU, V.S.

T. B. No. 1.

County Baltine 3258 County Baltine hull	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 33
*FULL NAME Froling	St; Ward) a hospital or lostitution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Heml Whole (Write the word)	18 DATE OF DEATH MONTH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH May /2 , 1859 (Month) (Day) (Year)	that I last saw he salive on Branch 18, 1913
7 AGE 11 LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 9 m, m, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in	(Mentan) No
which employed (or employer) BIRTHPLACE (State or country) Mary lead	Contributory (Secondary) (Duration) yrs mos ds.
10 NAME OF FATHER Lawy Brayeshur 11 BIRTHPLACE OF FATHER (State or country) 2 alu	(Signed) Drullo , M. D., Mch/4, 1913 (Address) 3623 Polar a.
Z (State or country) En gland 12 MAIDEN NAME OF MOTHER Law Melvin	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Scotland	At place in the ot death yrs mos ds. State yrs mes ds. Where was disease contracted.
Informant, R. Agnus Boggo	It not at place of death? Former or usual residence
(Address) Deving Hills, Md.	Loudon Park Parts of BURIAL March 2, 1913
Filed Treelity, 191. 3 Trulland REGISTRAR If more blanks are needed address State Paris too.	Horace Burger Son Halle Roo
if more blanks are needed, address State Registral	r, U. M. Branklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has should he taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at, home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

childbirth or miscarriage, as "Purepreal scpticharture of the American Medicai Association.) cause of death approved by Committee on Nomencia "Contributory." schnis, telanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "l'uerperal pertionitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age." "Shock," "Uraemiu," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms) : Measles; Whooping cough: Chronio cer" is less definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (name origin: "Can-"Exhaustion," Examples:



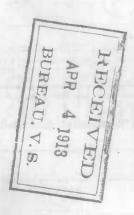
3259	
1 PLACE OF DEATH	STATE OF MARYLAND
County Belli by Snd	CERTIFICATE OF DEATH
dounty-service.	Registered No. 37
Village or City Beaut Oans (No.	St; Ward) [It death occurr a hospital or Institu
FULL NAME Sha a, Hyl	give its NAME ins of street and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SMOLE WIDOWED. WIDOWED.	(Month) (Day) (Year
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased fi
Inne 30 1848	1912, to MM , 191
(Month) (Day) (Year)	that last saw h 42 alive on Man 7 191
7 AGE It LESS that	will that death occurred on the date stated above at //wor
64 yrs. \$ mos. 22 ds. 1 day,hrs	The CAUSE OF DEATH * was as follows:
8 OCCUPATION	- Families + general
(a) Trade, profession, or particular kind of work	author and a second
(b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Ouration) yrs. 2 mos.
(State or country) Balli by. M.	(Secondary)
10 NAME OF FATHER The Knicht	(Signed) 52 JL Jacobson, Jrs. mos.
Z (State or country) Batture Ly, 911	Mar 9-, 1913. (Address) Deskupsill
(State or country) Callury &, 900	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Balli, by 1 miles	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OR RECENT RESIDENTS) At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Claren Byle	Former or usual residence
(Address) brokerpulle son	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed March 191913 SVB Morecon REGISTRAR	20 UNDERTAKER 20 UNDERTAKER ADDRESS ADDRESS
U F G I S I K A K	The state of

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing neath, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specigainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Groccry; (a) Foreman, (b) Automobile factory. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupaif retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the death of causaling always affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dimeumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscipios

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisucb, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malls. Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronio interstitial nephritis mant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head of (name origin; "Can-



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	PLACE OF DEATH	STATE OF MARYLAND
Both 3260		CERTIFICATE OF DEATH
C	ounty (FILL LISTING)	9.3
	N + +	Registered No.
1	Village or City Uslerslowyno.	St; Ward) [if death occurred is
	1/	ward) a hospital or institution,
	Many MA	of street and number.]
_	*FULL NAME A WAR FULL STATE OF THE STATE OF	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	EX 4 COLOR OR RACE SINGLE,	18 DATE OF DEATH Miche 4 1013
2	wipower Wilder	(Month) (Day) (Year)
-	late while orgivered (Write the word)	17 A I HEREBY CERTIFY, That I attended deceased from
8 0	PATE OF BIRTH	July , 1911, to Web 2 1913.
	June 9 7, 1848	that I last saw h in alive on mich 2 1013
7 A	(Month) (Day) (Year) GE	
. A	GE 1 day,hrs.	and that death occurred on the date stated above, atm,
	6 24 rrs. 8 mos. 23 ds. OR min.?	The CAUSE OF DEATH * was as follows:
80	CCUPATION	
) Trade, profession, or	Tocomolor Mayea
	rticular kind of work Oscoro	***************************************
bus	iness, or establishment in	(Duration) / yr & mos. ds.
	ich employed (er employer)	
(E	IRTHPLACE (tate or country)	Gontributory (Secondary)
_	Mariland	(Deration) yrs mos ds.
	10 NAME OF ()	(Signed) NW Slade
10	James Mfaclare	
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	, 1312 (AUUI ESS)
E	fluly	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL STREET
AR	12 MAIDEN NAME OF MOTHER	Tall, Strettan, or Homerbal.
0	- am Till d	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER MANGAND	At place in the
		of death yrs. mos. ds. State yrs. mos. ds.
14-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	Informant, Odurna Sackson	Former or
	Remotet to men	usuai residence.
	(Address) Lesser Drown IVI at	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	mala a monara	The sumount (sueter) Mehr 0, 1915
Fil	80 / Ch 1913 / K/ Vleade	20 UNDERTAKER ADDRESS
	REGISTRAR	Teorge W. Mowen 3227. allento
	If more blanks are deeded, address State Registrar	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
		Oracle.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manuger," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

sepsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of such, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "Puerpenal peritonitis," etc. State cause for childbirth or miscarriage, as "Purareral scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," ample: Measles (disease causing death), 29 nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Ileart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Angemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of .. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (secondary or intercurrent) (name origin: "Can The nature of the "Exhaustion," Never report



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT BINDING V UNFADING INK-THIS IS FOR RESERVED carefully supplied. N. B.—Every Item of Information should be CAUSE OF DEATH In plain terms, so WRITE PLAINLY, WITH MARGIN

certificate.

See Instructions on back of

Important.

No. οż

PLACE OF DEATH	STATE OF MARYLAND
M- Pt 3261	. CERTIFICATE OF DEATH
County	Registration Dist. No. 30
Village or City Colonial (No.	St.; Ward) [it death occurred in a hospital or institution, give its NAME instead of street and number.]
²FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WARRIED, ORDINARY (Write the word)	16 DATE OF LEATH LYON LG, 1913. (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw hard alive on 4 1 24 1913.
7 AGE 1 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 12, 30 Gm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work Buttler	Pulmonan consumption
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs, 3 mos ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary) (Duration) yrs. mas de
10 NAME OF FATHER Eli Jackson	(Signed) & lu Stutty, M. D.
OF FATHER (State or country) Waynes	*State the Disease Causing Draft, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER WILLIAM	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Vuguee	of death yrs mos ds. State yrs mos ds
(Informant)	Where was disease contracted, it not at place of death? Former or usual residence
(Address) Calaustuelle and	Old fellows Connetty Way 29, 191 3
Filed march 26, 19,3 marshall Blirst	20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," The (4)

losis of lungs, meninges, peritonaeum, etc.. pneumonia"); Lobar pneumonia; Bronchopneumonia brospinai meningitis"); Diphtheria (avoid use of time and causation), using always the same accepted causing prate (the primary affection with respect to "Croup"); term for the same disease. ("Pneumonia," Statement of cause of death-Name, first, the nisease (the only definite synonym is "Epidemic cere-Typhoid unqualified, is indefinite); Tubercufever (never report "Typhoid Examples: Cerebrospinal Carcin-

> mia," "Puerpenal peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skull and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemla," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras. thenia," "Anaemla" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Ohronic Interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL scptichac-(name origin; "Candeath), 29 ds. Examples:



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PHYSICIANS

EXACTLY.

RECORD

1 PLACE OF DEATH STATE OF MARYLAND 3262 CERTIFICATE OF DEATH Registration Dist. No. It death occurred in a hospital or institution. give its NAME lostead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 6 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) (Write the word) i HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. (Secondary) 10 NAME OF (Signed) FATHER /3 . 131 3 (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. State yrs. Where was disease contracted. It out at place of death? usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER If more blanks are needed, address State Registrar, C E. Franklin St., Baito., Requesting A. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indi-Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day toborer, Farm laborer, Laborer—Coal mine, etc. Women at Home, who are engaged in the It should be used only when needed. cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Never return "Laborer," As examples: "Foreman," (%)

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal schichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICEAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. -figart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis oma. Sarcoma. etc., of ... nant neoplasms); Measles; Whooping cough; Chronis ter" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 5 1913
BUREAU. V.S.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING FOR RESERVED MARGIN

County Batter 3263	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 3.3
Village or City Mean Glyndon (No	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
BEX 4 COLOR OR RACE MARRIEO, WIDOWEO, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased fro 7 2 2 1913, to Mcl 5 1913 that I last saw h 12 alive on Mcl 5 1913 and that death occurred on the date stated above, at 3 pr The GAUSE OF DEATH* was as follows: (Duration) yrs. mos. ((Buration) yrs. mos. ((Secondary)
(State or country) Batter Do Mel 10 NAME OF FATHER John ag w. Johnson 11 BIRTHPLACE OF FATHER (State or country) Batter Co Ma 12 MAIDEN NAME OF MOTHER Mary R Paly 13 BIRTHPLACE OF MOTHER (State or country) Batter Cot Mother (State or country) Batter Cot My Knowledge (Interment) Mass Mary F. Johnson	(Signed) State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. BLENGTH OF RESIDENCE (FOR HOSPITALE INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, fine at place of death? Former or usual residence
(Address) Glyndon M O Filed Nucle 6 , 1913 M Nollate REGISTRAR If more blanks are needed, address State Begistra	DATE OF BURIAL OR REMOVAL DATE OF BURIAL Man, 181 20 URDERTAKER Reservator

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. it should be used only when needed. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by rallway trainsuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUEBPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; State cause for Examples: FOT VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 7 1913

BUREAU, V. S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH is plain terms, so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A.PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

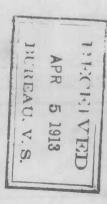
	1 PLACE OF DEATH	3264	STATE OF MARY	YLAND
	Ballin	10	CERTIFICATE OF	DEATH
	ounty Nort	the for	Magistration Dist.	No. 44
V	illage or City June From	Johnan	St.; Ward)	[if death occurred in a hospifal or institution, give its NAME instead of street and number.]
=	PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF D	EATH
3 81	4 COLOR OR RACE SINGLE MARRIE WIDOWN OR DIVO (Write	io. Aurula	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I att	(Day) (Year)
		Day) (Year)	that I last saw hat allve on Much	2 1913.
(a)	yrs. s mos. 2.2. CCUPATION Trade, profession, or	If LESS fhan t day,hrs. ORmin. ?	and that death occurred on the date stated about the CAUSE OF DEATH* was as follows:	ove, at 836P m.
(b) bus wh	General nature of industry, lness, or establishment in ch empioyed (or employer) RTHPLACE tate or country)	a. He.	Contributory (Secondary)	yrsds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	men-	(Signed) (Si	yrs
14-	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY (Informant)	KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State Where was disease contracted, If not at place of death? Former or usual residence	yrs, ds
15 Fi	(Address) Shews Punt ed Mar. 10 1913 Al Mich	Salt Co	North Pome ME. Church De 20 UNDERTAKER Denny Denny S	DDRESS Sulto.
	it more Dianks are needed, address	is outle Kegis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative Wealthfuiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illbeen changed or given up on account of the distast Servant, Cook, Housemaid, etc. If the occupation bas Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpural septichae. cause. "Hart failure," "Haemorrhage," "Inanition," "Haras. mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ampie: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemia," "Weakness," Aiways qualify ail diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-"Exhaustion," Never report Examples:



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1		Phould ION Is
	RECORD	PHYSICIANS of OCCUPAT
F. B. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
. 35		m .
		Z

County Beltimore 3265.	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Chestnut Ridges.	Registration Dist. No. 33 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE WHATE WIDDWED, WIDWWED, WIDWWED	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (DANGLE 15, 1913, to EMPLE 2, 1913, that I last saw h. Lee alive on PARIS L. 1, 191.3
75 yrs 2 mos Z/ds If LESS than 1 day,hrs. or min.?	and that death occurred on the date stated above, at
(a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment In which employed (or employer) Palturer (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Salluta Country 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address)	(Signed) (Duration) yrs. mos. 7 ds. Contributory Charace Valcular Heart (Secondary) (Secondary) (Signed) (Duration) 7 yrs. mos. ds. (Signed) (S
Filed 2 325 ,191 3 REGISTRAR If more blanks are needed, address State Begistran	1 F. Elinia Reintertoure Md
it more plants are needed, address State Registral	M. Branklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, applies to each and every person, irrespective of age. who have no occupation whatever, write None. ness. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulessary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinossis of lungs, meninges, peritonacum, etc..

ture of the American Medicai Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUEBPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Reart fallure," "Haemorrhage," "Inanition," "Maras-"Contributory." LENT DEATHS state MEANS OF INJURY and qualify as genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of .. mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for



N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. S. No. 1.

	PLACE OF DEATH 3266	STATE OF MARYLAND
	10/4	CERTIFICATE OF DEATH
Co	unty Jumps	Registration Dist. No.
	Wielle H Jon	f 100 ft
Vi	illage or City High landton (No. 709	St.; Ward) a hospital or institution,
	RP 1.	give its NAME instead of street and number.]
	FULL NAME Mandine	buttoness of original number,
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	X 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH March 31 St 1013
4	Emals White (Married, oppivorce)	(Month) (Day) (Year)
6 0	ATE OF BIRTH	17-7 I HEREBY CERTIFY, that I attended deceased from
- 01	11. 12.12.12.1	TEb. 20, 1913, to March 21, 1913,
	(Month) (Day) (Year)	that I last saw her allve on March 20,1913
7 AG		and that death occurred on the date stated above, at 17 20 m.
	1 day,hrs. ds. ORmin.?	The CAUSE OF DEATH* was as follows:
B .		10 . 2
	Trade, profession, or	Carcura & Breach
	ticular kind of work	
	General nature of Industry, ness, or establishment in	(Quration) yrs. 6 mos. ds.
white	ch employed (or employer)	July -
9 BI (St	RTHPLACE (att or country) Serve any	(Secondary)
1	10 NAME OF	(Duration) yrsmosds.
	FATHER Micolaus Schul	(Signed) , M. D.
TS	11 BIRTHPLACE	123/13,191 (Address) 404 Statt (Car
Z	OF FATHER (State or country) Jenneauy	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARE	12 MAIDEN NAME OF MOTHER SALES	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
0	of Mother Scolastica Plant	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER	At place In the
	(State or country)	of death yrs, mos ds. State yrs, mos ds Where was disease contracted,
14 _T	THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	If nof at place of death?
	(Interment) bus entia Suntesburge	Former or usual residence
	of of 1 st ff	10
	(Address)	Sacre Heart Com. March Februar
15	Augh 33 11th Mel Vanden	20 UNDERTAKER ADDRESS
Fil	REGISTRAND	Sills 30 July of 03 8. Wolfs
	If more blanks are needed, address State Regis trar, 6	and the state of t
	The state of the s	The state of the s

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without apre precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has For persons 9

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrpural septichacetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." 'Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) "Old Age," "Shock." 'Traemla," "Weakness," Always qualify all diseases resulting from Measics (disease causing death), 29 "Sentle." etc.), "Dropsy," (Recommendations on statement of may be stated under the head of (name origin; "Can State cause for "Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 5 1913
BUREAU, v.s.

S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGGUPATION is very important. See instructions on back of certificate. PERMANENT RITE PLAINLY, WITH UNFADING INK-THIS IS A

3267

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.

Ward)

[It death occorred in a hospital or institution,

* FULL NAME Charles Howard	A Kith ef street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR OLVOREDO (Write the word)	16 DATE OF DEATH March 10, 1913 (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from
(Month) (Day) (Year) AGE (Month) (Day) (Year) If LESS than 1 day,hrs. or	that I last sew h is allve on Mar 9 , 1913. and that death occurred on the date stated above, at 7 45 A m, The CAUSE OF DEATH* was as follows:
CCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
BIRTHPLACE (State or country) farrows Point, Mad. 10 NAME OF FATHER HENTY Bite 11 BIRTHPLACE	(Secondary) (Deration) (Signed) (Deration) (Signed) (Address) (Signed) (Address) (Deration) (Signed) (Signed) (Address) (Signed)
12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) (State or country)	*State the DISEASE CAUSING DEATH, or, In death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs,
(Informant) (Address)	Where was disease contracted, if not at place of death? Former or usual residence. 3.9.8. Canton, asl. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FINAL 18, 191 S Claud Smink REGISTRAR	20 UN DERTAKER ADDRESS AND ADD

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indi-"Manager," "Dealer," etc., the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," , without more precise speci-As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

oma. Sarcoma. etc., of .. sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 de.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for

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JRRCHIVED
APR 4 1913
BUREAU. V.S.

MARGIN RESERVED FOR BINDING

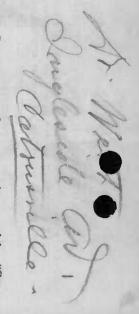
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Gounty Deltrure	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 30
Village or Gity Cealersolle (No. Springer) 2FULL NAME Karl Knie	[It death occurred In a hospital or Institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Acolor OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Much 27, 1913 (Month) (Day) (Year)
S DATE OF BIRTH (Month) (Day) (Year)	that I last saw h Maria allve on Maria Ltd., 1913.
7 AGE 3 2 yrs. 6 mos. 6 ds. or min.?	and that death occurred on the date stated above, at 736 Qm, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Sairthplace (State or country) Morway	Gontributory (Secondary) (Duration) (Duration) (Secondary) (Duration) (Duration) (Secondary) (Duration) (Duration) (Secondary) (Duration) (Secondary) (Secondary) (Secondary) (Secondary)
10 NAME OF FATHER CUCRES STUDIES 11 BIRTHPLACE OF FATHER (State or country) Norway 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Address) (Address) (N. D. M. D.
of MOTHER Satherine Awarly 13 BIRTHPLACE OF MOTHER (Slate or country) Germany	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place of death yrs, mos. ds. State yrs, mos. ds
(Informant) andrew Herestor MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence Dallower 19
(Address) 16 Filed March 28, 1913 Marshall B, Urst, REGISTRAR	DATE OF BURIAL OR REMOVAL DATE OF BURIAL 3/29
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto, Requesting V. S. No. 1.

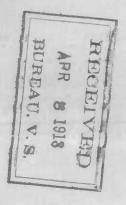
[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.). causing neath, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. it should be used only when needed. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged lu the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: -Coal

Statement of cause of death—Name, first, the disease causing death—In always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-



childbirth or miscarriage. as "Purrental scottchacetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions." "Debility" ("Conaffection need not be stated unless important. Ex valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart fallure," "Haemorrhage," "Inanition," "Maras. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds .: nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) "PUEBPERAL peritonitis," etc. "Old .Age," "Shock," tctanus) Aiways qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head "Traemia," "Weakness," (name origin; "Can-State cause for Never report Examples: For vio-



RESERVED MARGIN

B. No. 1.

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VIIIage or City St. agree Harristal,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Alite Sangle, Widower, Openworker (Write the word) Single Market (Write the word) Single (Month) (Day) (Year)	16 DATE OF DEATH March 5, 1919. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1913, to March 5, 1913, that I last saw ham alive on March 5, 1913.
TAGE If LESS than 1 day,hrs. ORmio.? Cabour 1 Georgian ature of industry,	and that death occurred on the date stated above, at // f m. The CAUSE OF DEATH* was as follows: **Pressure Color** **Color** **The CAUSE OF DEATH* was as follows: **Pressure Color** **The CAUSE OF DEATH* was as follows: **Pressure Color** **The CAUSE OF DEATH* was as follows: **Pressure Color** **The CAUSE OF DEATH* was as follows: **Pressure Color** **The CAUSE OF DEATH* was as follows: **Pressure Color** **The CAUSE OF DEATH* was as follows: **Pressure Color** **P
business, or establishment to which employed (or employer) BIRTHPLACE (State or country) Auland	Contributory (Secondary) (Duration) yrs mos ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER 15 BIRTHPLACE OF MOTHER (State or country)	(Signed) (Address) (M. D.) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place lo the
(Interment) Langar (Address) 2/2 & Stricker St. Filed Mich 5, 1913 Seals Invart M. REGISTRAR	of death yrs. mos. A ds. State yrs, mos. ds. Where was disease contracted, If oot at piace of death? Former or usual residence. 2/28. Structure St. 19 PLACE OF BURIAL OR REMOVAL APPLICATION 20 UNDERTAKER ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of liiof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfuiessary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons (0)

Statement of cause of death—Name, first, the disease causing death—In with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinoscipalism of the control of the c

ture of the American Medical Association.) cause of death approved by Committee on Nomencia. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEBPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can death), 29 da.; Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 2 1913
BUREAU, V.S.

MARGIN RESERVED FOR BINDING

	3270	STATE OF MARYLAND
Co	unty Baltine by	CERTIFICATE OF DEATH
	y d	Registered No. 37
Vi	2 FULL NAME Stabelle 1. B. Y.	St; Ward) [If death occurred is a hospital or institution give its NAME instead of street and number.]
	2 FULL NAME Janelle J. 13. Le	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
356	4 COLOR OR RACE MARRIED, WINDOWSE, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 6	TE OF BIRTH Self D , 1873.	7 1 2 8 191 3 to MM 2 , 191 3 that I last saw h M allve on 200 2
7 AG		and that death occurred on the date stated above, at
	3 9 yrs. 5 mos. / ds. ORmin.?	The CAUSE OF DEATH* was as follows:
	CCUPATION	Again Jamy Jun
par	Trade, profession, or dicular kind of work	
busi	General nature of Industry, ness, or establishment in	(Ouration) yrs. × mos. 2 ds
9 BI	RTHPLACE ate or country)	(Secondary)
1		(Duration) yrs mos ds
	10 NAME OF Borgain & Franch	(Signed) J2 X. Z. Benson, M D
STNI		(Signed) 72 13. (Address) Behar on the from Franchis Market Causing Deaths on in feather from Franchis
PARENTS	11 BIRTHPLACE OF FATHER 12 M	(Signed) 1916. (Address) Address) Address) Address M. D. *State the Disease Causing Death, or, in feaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
ARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
PARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	(Signed)
PARENT	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Many and State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)

[Approved by L. S. Census and American Public Health Association.]

'(a) Spinner, (b) Cotton mill; (a) Salcsman, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfication, as Day laborer, Farm laborer, Laborer-Coal Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinocaus

sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ___ nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report



W. B. No. 1.

N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

	and the same of th	
	PLACE OF PEATH 3271	STATE OF MARYLAND
	Jallimon Th	CERTIFICATE OF DEATH
Go	21.12.2	Registration Dist. No. 38
Vi	*FULL NAME Escalect Li	Ward) [If death occurred to a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 SE		16 DATE OF DEATH Watel 29, 1913 (Month) (Day) (Year)
7		17 I HEREBY CERTIFY, That I attended deceased from
001	ATE OF BIRTH	aug 12, 1912, to March 29, 1913,
	(Month) (Day) (Year)	that I last saw her alive on March 25, 1919
TAG		and that death occurred on the date stated above, at 9.50 Pm,
	45 yrs 10 mos. 28 ds. or min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION Trade, profession, or	Cellerona & Peline
par	ticular kind of work LOWELLIC	organ a latertouding
(b) General nature of industry, business, or establishment in which employed (or employer)		Tulus (Ouration) Noys Bytownes
9 BIRTHPLACE (State or country)		Contributory(Secondary)
	10 NAME OF FATHER	(Signed) What dear are un
5	11 DIRTHRIAGE	March 24, 1913 (Address) 24 39 M. Places Se
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH OF In deaths from Prosent
	12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, or Homicidal.
0	13 BIRTHPLACE ().	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, If not at place of death?
(Interment) Ms Device Boutly		Former or usual residence.
	(Address) & O. 7. Suiled Breag Ach 80	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 2 1 M O DE		Frederical - Car. 1, 197
Filed 3/30, 1913 14. 7 Fores		20 UNDERTAKER DORESS N.
REGISTRAR		william work Dhellmonths.

If more blacks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman," -Coal (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pursperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convuisions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." scpsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ger" is less definite; avoid use of "Tumor" for mails oma. Surcoma. etc., of . Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State "Exhaustion," Never report Examples: cause for For VIO-



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PLACE OF DEATH	STATE OF MARYLAND
County Batto 3272	CERTIFICATE OF DEATH
County	A Registered No. 3 3
Village or City Glen falls (No. //	St; Ward) [If death occurred in a hospital or institution give its NAME instead and number.]
FULL NAME WMWW N	XXXX
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE. MARRIED, Married Whole Whole (Write the word)	(Month) (Day) (Year) 1 HEREBY CERTIFY, That I attanded deceased from
(Month) (Day) (Tear)	that I last saw her alive on Truck 500, 1913
7 AGE If LESS that 1 day,	The CAUSE OF DEATH & was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. 5 ds.
9 BIRTHPLACE (State or country) Batte 10 And	(Secondary) (Operation) 2 yrs - mos ds
10 NAME OF George B Chaufa	(Signed) Tynsel., M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSEN DEATH, or, in deaths from VIOLENT CAUSES, state (1) Aleans of Injury; and (2) whether Accidental, Suicidal, or Howicidal.
of MOTHER Soylaa B Seisler 13 BIRTHPLACE OF MOTHER (State or country) Canall Co Inl	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds.
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Grechelou My. 15 Filed Mich 6, 1913 JAMSLASE REGISTRAR	19 PLACE OF BURHAL OR REMOVAL DATE OF BURIAL 1 UNDERTAKER 20 UNDERTAKER ADDRESS ADDRESS
	trar, 6 B. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers material worked on may form part of the second statement. Never 'return "Taborer," "Foreman," additional line is provided for the latter statement the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples

Statement of cause of death—Name, first, the DINEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerelirospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcinosis of lungs, meninges, pertionacum, etc.. Carcinosis

ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "I'uerperal peritonitie," etc. State cause for childbirth or miscarriage, as "Purreral septichacmus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasample: Measles (disease cansing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interatitial nephritis nant neoplasms) : Measles; Whooping cough: Chronic cause of death approved by Committee on Nomencia. "Contributory." lnjury, as fracture of skuli, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent: Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia." "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of _ mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin: "Can Examples: FOI VIO

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
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BUREAU, V. S.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

BINDING

FOR

RESERVED

MARGIN

No. 1. 202

County County 3275	CERTIFICATE OF DEATH
Village or City (No. (No. (No. (No. (No. (No. (No. (No.	Registered No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
demale White Single, MARRIED Life of Widowed. White the word	16 DATE OF DEATH March 12, 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Dept 7 (Year)	that I last saw her allve on march 12, 1913,
TAGE Wyrs. 6 mos. 3 ds. or min.?	and that death occurred on the date stated above, at 11.45 a.m., The CAUSE OF PEATH* was as follows:
(a) Trade, profession, or particular kind of work	(Duration) No yrs. No mos. 1 2 ds. Contributory (Secondary)
10 NAME OF Lewis H Loney Jo 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER PLANE B MUSTUA	(Signed) Playmord O Glussen, M D. Murch 14, 67B (Address) Market Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVENS TOUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Interment) Jewis & Joney S. (Address) At Winners 15	If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Wash 14 191 3
Filed Harliet 1873 Sank Therall REGISTRAR If more blanks are needed, address State Registrar, 6	20 UNDERTAKER ADDRESS B. Franklin St. Palts R. Franklin St. Palts R. Franklin St. Palts R. Franklin St. Palts

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise speci-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death—In an excepted time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Potsoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... tetanus) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head "Dropsy," "Exhaustion," ... (name origin; "Can-The nature of the death), 29 ds.;



PLACE OF DEATH 3274	STATE OF MARYLAND CERTIFICATE OF DEATH
County of Cuttimore	Registered No. 38
Village or City Cross Rugs (No. 30)	Falls (Tood St; Ward) [If death occurred le a hospital or institutico, give its NAME instead
*FULL NAME Sabithad.	Lovett of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married, Misour Or Divorced (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY That I attended deceased from
DATE OF BIRTH Aug. 10, 1834	March 13, 1913, to March 20, 1915
(Month) (Day) (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at 4-15-10 m.
78 yrs. 7 mos. 3 ds. 1 day,hrs. ORmin.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or foruse (ceeker) particular kind of work	mitis Reguy Vitin
(b) Generat nature of Industry, business, or establishment in which employed (or employer)	(Ouration) yrs. — mos. 7 ds.
9 BIRTHPLACE (State or country) Muruland	(Secondary) (Secondary) (Quantition) Tyrs, Tyr
10 NAME OF FATHER Joseph Leans	(Signed) M- In Son Jordan Park Mrs. D. Man. 22, 1913 (Address) Rotain Park Mrs.
Z (State or country) Caryland 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL;
of Mother Jerry, Strad	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place lo the of death yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or
(Address) 3 or Falls Road	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
Filed Ulle 22, 1913 M. T. Torle REGIATRAR	Logic Burger Lon 3631 Falls 12
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopicumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

scpsis, tetanus) may be stated under the head lnjury, as fracture of skuli, and consequences (e. g., such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puenperal peritonitis," etc. State cause for childlifth or miscarriage, as "Purprenal septichar-"Heart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomencia by carbolic acid-probably suicide. The nature of the dent: Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio etc., when a defiulte disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ture of the American Medical Association. "Contributory." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds., nant neoplasms) : Measles; Whooping cough : Chronic is less definite; avoid use of "Inmor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senfle." etc.), (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Never report Examples:



PLACE OF DEATH STATE OF MARYLAND Very CERTIFICATE OF DEATH 4 should PHYSICIANS shou Registered No. [If death occurred in .Ward) a hospital or institution. RECORD give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS FNJ 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. 14, 1915 ERMAN WIDOWED, Write the word) (Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from Exact 6 DATE OF BIRTH stated (Month) (Day) (Year) be 7 AGE if LESS than and that death occurred on the date stated above, at pinous 1 day,hrs. The CAUSE OF DEATH * was as follows: OR ? BOCCUPATION BO (a) Trade ofession, or INX particulal kind of work. (b) General nature of industry, supplied. pe business, or establishment in U (Duration) may which employed (or employer) ADIN certificate. Contributory..... 9 BIRTHPLACE (Secondary) (State or country) carefully that (Duration 10 NAME OF FATHER: to back 11 BIRTHPLACE termi OF FATHER (State or country) should Z *State the DISEASE CAUSINO DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0. 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL plain OF MOTHER instructions of Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE = At place OF MOTHER (State or country) DEATH Where was disease contracted OF MY KNOWLEDGE Item OF CAUSE OF BURIAL OR REMOVAL DATE OF BURIAL Every m REGISTRAR z If more blanks are peeded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). material worked on may form part of the second who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nection is very important, so that the relative healthful first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter, For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DRATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc...

ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. childbirth or miscarriage, as "Purrperal septichaecause. Always qualify all diseases resulting from cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritie nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailsoma. Sarcama. etc., of ___ The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head of (name origin; "Can-Examples: FOI VIO-



RECORD

PERMANENT

4

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

42

St.; Nard) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Patrick . Lync	lu.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Write the word)	16 DATE OF DEATH March 5, 1913. (Month) (Day) (Year)
© DATE OF BIRTH See 4, 1850 (Month) (Day) (Year)	17 I HEREBY CERTIFY. That I attended deceased from March 2., 1913, to March 5, 1913 that I last saw hamalive on March 5, 1913
7 AGE If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	(Duration) yrs, mos ds
which employed (or employer) BIRTHPLACE (State or country) Baltimore	Contributory Caroliai Xearlini (Secondary) (Duration) yrs mes ds.
11 BIRTHPLACE	(Signed) Le alling & Mcho, M. D. Much 5, 191 ? (Address) Stague (bar
OF FATHER (State or country) W 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the control of death yrs mos ds. State yrs mos ds.
(Informant) Patrick My Knowledge	Where was disease contracted, if not at place of death? Former or usual residence. 8 # # Incommond Over
(Address) 8 4 4 Spennson Cive	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mench 7, 1913 20 UNDERTAKER ADDRESS
REGISTRAR	John Burn Low Tamans

[Approved by U. S. Census and American Public Health
Association.]

-material worked on may form part of the second ·statement. cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerpreal peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia oma. Sarcoma. etc., of _ "Contributory." mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report zer" is less definite; avoid use of "Tumor" for malk-The contributory (secondary or intercurrent) Always quality all discases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of terminal conditions, such as "As-(name origin; "Can-"Exhaustion," Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 2 1913
BUREAU. V. S.

d state	County Baltinure 3277	STATE OF MARYLAND CERTIFICATE OF DEATH
RECORD PHYSICIANS Shoul	Village or City Governs (No	Swarts are st; Ward) Clair Registered No [It death occurred a hospital or instituting give its NAME insteed af street and number.
T RI	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RMANEN'	Terrale Colored Single, MARRIED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH Mar, 12, 191.3 (Month) (Day) (Year)
PE Exa	6 DATE OF BIRTH 200 21 1912	Man: 16 , 1913 to Man 17 , 1913
IS IS A hould be a classified.	(Month) (Day) (Year) 7 AGE If LESS than t day,hrs. ormin.?	and that death occurred on the date stated above, at 5. P.n. The CAUSE OF DEATH* was as follows:
INK—TH	B OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry,	19roucho Jummer
ESER FADING uliy suppli	business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Governo Jud	Contributory Cycurosco (Secondary)
T, WITH UN Torms, so that	10 NAME OF Patrick Mc Claire 11 BIRTHPLACE OF FATHER (State or country) North Carolina	(Signed) (Deration) yrs mos disconnection (Signed) (Address) Towns had a state the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means or Injury; and (2) whether Accounts
PLAINL Sformation s TH in pisin	12 MAIDEN NAME OF MOTHER Marker Warser 13 BIRTHPLACE OF MOTHER (State or country) / riginia	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of deathyrsmosds. Stateyrsmosds Where was disease contracted,
WRITE WRITE Every item of in CAUSE OF DEA	(Informant) (Address) (Address) (Address)	it not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL Thorough the state of burial mare 18, 1913.
N. B. EV	Filed 191, 191, 3 REGISTRAR REGISTRAR II more blanks are needed, address State Begistra	FLSH Holland 57/Robert at

MARGIN RESERVED FOR BINDING

[Approved by U. S. Census and American Public Health Association.]

statement. Grocery; (a) Foreman, (b) Automobile factory. The "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliheen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (a) the kind of work and also (b) As examples: (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing definite and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perstonacum, etc.. Carcin

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Pubbrebal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicetc., when a definite disease can be ascertained as the genital," "Senile," etc.), ampie: Measles (disease causing death), 29 ds. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of __ ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. The contributory (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion, ... (name origin; "Oan State cause for Examples:



	RECORD	PHYSICIANS should state of OCCUPATION is very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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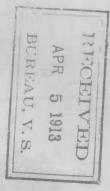
	PLACE OF DEATH 3278	STATE OF MARYLAND
Col	unty Ballo. 1	CERTIFICATE OF DEATH
		Registration Dist. No. 32
Vill	DACIPLEA (No. 150)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		16 DATE OF DEATH (Month) (Mo
6 DA	(Month) (Day (Year)	Ofril 25, 1912 to Feb. 14, 1913. that I last saw have alive on Reb 14, 1913.
7 A C	TO yrs. 4 mos. 24 ds. OR min.?	and that death occurred on the date stated above, at 2.30 4. m. The CAUSE OF DEATH* was as follows: Withat Requisite time Selected Paresis
(a) par (b) busi	Trade, profession, or Coupe (Co riticular kind of work General nature of industry, iness, or establishment in ch employed (or employer)	Geterio ecleriris Interstitial Meglerili: Brobably grany years drudiene (Ouration) yrs mos ds
9 BI	RTHPLACE (State or country) Sullabshury Pa,	Secondary (Duration) yrs mos ds.
TS	10 NAME OF FATHER MARKET OF FATHER	(Signed) Neury Kustll , M. D. 3-16-, 1913 (Address) West Welington led
PARENTS	(State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place in the of death
	(Intermant)	Where was disease contracted, It not at place of death? Former or usual residence.
15	(Address) de tot of the house	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MANAGEMENT, 191
File	REGISTRAR	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Association.]

. statement. duties of the household only (not paid Housekcepers "Manager," "Dealer," ctc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as (a) Spinner; (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (a) the kind of work and also (b) If the occupation has "Foreman," (6)

fever (the only definite synonym is "Epidemic cereterm for the same discase. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to brospinal meningitis"); Diphtheria (avoid use of lesis of lungs, ("Pneumonia," pneumonia"); Statement of cause of death-Name, first, the DISEASE Typhoid Lobar pneumonia; Bronchopneumonia meninges, unqualified, is indefinite): Tubercufever (never report "Typhoid peritonaeum, etc., Carcin-

> valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastcs; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT NEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenciainjury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciconventa, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from tetanus) may be stated under the head (Recommendations on statement of death), 29 ds.; State cause for "Exhaustion,"



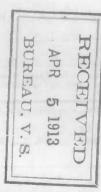
1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. Ilt death accurred in ...St:.....Ward) a hespital or institution. RECORD give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 16 DATE OF DEATH SEX 4 COLOR OR BACE WIDOWED. (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) TAGE It LESS than 1 dayhrs. OR 7 BOCCUPATION AGE (a) Trade, prefession, er particular kind et werk. (b) General nature of industry, business, er establishmeet in ADING which employed (or empleyer) certificate. BIRTHPLACE Contributory (Secondary) (State or country) that 10 NAME OF FATHER 00 May 26, 1913, (Address) 2060 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) pinous *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. pisin OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) _ At place In the OF MOTHER (State or country et death yrs. mes. ds. DEATH State yrs, ____ mes. Where was disease centracted. If not at place of death?. 50 CAUSE OF usual residence mportant. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ., 19167 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved_by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. The statement. cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as minc, etc. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," 3

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinossis of lungs, meninges, peritonaeum,

childbirth or miscarriage, as "PUERPERAL septichaeinus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease causing death), 29 ds. oma. Sarcoma. etc., of _______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL pcritonitis," etc. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras ture of the American Medical Association.) "Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

County Backs Village of City Beagns (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. **
4.2	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OB RACE MARRIEO, WIDOWEO, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 3 I HEREBY CERTIFY, That I attended deceased from
May 4 , 1919 (Month) (Day) (Year)	mcf 28, 1913, to mcf 29, 1913, that I last saw he alive on mcf 29, 1913.
TAGE It LESS than t day, hrs. OR min.?	and that death occurred on the date stated above, at 1 4 5 m, The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work	Capellary Princhete & Comp (Duration) yrs, mos / ds.
which employed (or employer) BIRTHPLACE (State or country) M. A.	Gontributory (Secondary) (Duration) yrs mos ds.
10 NAME OF John a. Magricum. 11 BIRTHPLACE	(Signed) Sheet Have M. D. McL 29, 1913 (Address) Model Russ n
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Lorusa M. Wingick	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Informant) John a Magracus	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Benjus rad	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Com 19 PLACE OF BURIAL Opt ADDRESS ADDRESS
Filed 1915 OFFICE TRACE REGISTRAR If more blanks are needed, address State Regis trar, 6	Chas Landy Rosselle

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, no who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulmine, etc. (a) Spinner, essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) return "Laborer," "Foreman," If the occupation has As examples For persons

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage. as "PUERPERAL scrittchae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer' is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of . ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci--Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion, (name origin; "Can-State cause for Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 5 1913
BUREAU, V.S.

V. S. No. 1.

N. B.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

	PLACE OF DEATH DUNTY Baltimore Williage or City Highland PULL NAME Mra.	3281 U(No. 105)	STATE OF MAI CERTIFICATE OF Register St.; Ward	of DEATH ed No. 24
	PERSONAL AND STATISTICAL PAI	RTICULARS	MEDICAL CERTIFICATE OF	F DEATH
3 81	MARRIE WIOOW	ED. 1/4/	(Month) 17 I HEREBY GERTIFY, That I	(Day) (Year)
8 D	ATE OF BIRTH Jan, S	nd, 188	Magad 2.5 3. M.1.0	20 ,191 \$
		(Day) (Year) If LESS that 1 day,hrs 0Rmin. ?	and that death occurred on the date stated	11450
(b) busi whi	General nature of industry, ness, or establishment in ch empluyed (or employer) RTHPLACE tate or country)	and	Contributory Caluty alorhy (Secondary)	yrs. × mus. / ds.
ARENTS	10 NAME OF Shruus W. 11 BIRTHPLACE OF FATHER (State or country) Mar	lahoney Rand	(Signed)	In deaths from Wrozwym
В	13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	Keine	At place of death yrs mos ds. State	
	(Informant) Least Sept of MY (Address) 103 de July	Malione rddk,	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAN
15 Fil	March 23 191 W.C. Mac	Suales M. REGISTRAR	2º UNIDESTAKER	ADDRESS 1710 (audu (

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

material worked on may form part of the second - statement. ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Acation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease."); Lobar pneumonia; Bronchopneumonia disease of lungs, meninges, peritonacum, etc... Carcin-losis of lungs, meninges, peritonacum, etc...

injury, as fracture of skull, and consequences (e. g. such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—accimia," "PURPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PURRPERAL septichneetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and quality as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," genltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mail: "Heart fallure," "Haemorrhage," "Inanition." "Maras. Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important, Exnant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from may be stated under the head of (Recommendations on statement of (name origin; "Can-Never report

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RECEIVED
APR 5 1913
BUREAU, v.s.

MARGIN RESERVED FOR BINDING

V. S. No. 1.

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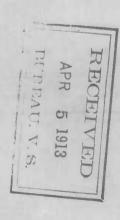
1 PLACE OF DEATH 3282	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Canton (No. 9)	Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead
FULL NAME John Mak	schi of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mell While Write the word)	16 DATE OF DEATH LINGUISMO, 191
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h alive on [9]
AGE It LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work Curfullar	Drowned accidental
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration)yrsmosds.
(State or country) Germany	Contributory (Secondary) (Defation) yrs. mos. ds.
10 NAME OF FATHER UNKNOWN	(Signed), M. D.
of FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
12 MAIDEN NAME CONTROLL	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) / Sury fisher	Where was disease contracted, If not at place of death? Former or usual residence
(Address) 23/25 Essex	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mar 7 1915
FILE Duse. 7- 191 W.E. Mil Claus Low M. C.	20 UNDERTAKER , ADDRESS
If more blanks are needed, address State Regis trar, 6	E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING NEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-('aa) "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or indust y, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

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childbirth or miscarriage as "Puraperal scptichaecause of death approved by Committee on Nomencia scpsis, tctanus) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent "Old Age," "Shock," "Tracmia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of (name origin; "Candeath), 29 State cause for Examples:



Village or City Lightand (No. 217)	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [If death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, MICOWEO, WIGOWEO, OROVORCED OROVORCED (Write the word) (Month) (Day) (Year)	16 DATE OF DEATH March 3/, 1913. (Month) (Day) (Year) 17 1 HEREBY CERTIFY. That I attended deceased from Jeb 1/th 1913 to March 3/, 1913, that I last saw him alive on March 3/, 193.
TAGE TAGE To see the second of the second	and that death occurred on the date stated above, at 6 m, The GAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Pairthplace (State or country) Marwaand	(Buration) (Buration) (Buration) (Buration) (Buration) (Buration) (Buration)
11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE	(Signed) (Signe
OF MOTHER (State or country) My Mry Wn 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Margaret Marshall (Address) 21 J. H. H. Marshall (Address) 21 J. H. M.	Af place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOYAL DATE OF BURIAL OR REMOYAL WARM 3 191 3
If more blanks are needed address State Registra	Dander How Malanta

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

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injury, as fracture of skull, and consequences (e. g., childbirth or miscarriage, as "Puzzperal septichaescpsis, tetanus) by carbolic acid—probably suicide. LENT DEATES State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railroay train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, "Heart fallure," "Haemorrhage," "Inanition," "Marnagenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritix nant neoplasms); Measles; Whooping cough; Chronic The contributory Aiways qualify all diseases resulting from may be stated under the head (Recommendations on statement of or Homicidal, or as probably (secondary or intercurrent) (name origin; "Can-The nature of the Never report Examples: 10

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RECEIVED

APR 5 1913

BUREAU, V.S.

ERMANENT NFADING 7

RECORD

state D 4 shoul OCCUPATION PHYSICIANS statement EXACTLY. Exact classified. properly pe supplied may certificate. Jo. back terms. pinous uo pialn instructions = EATH ō O Item OF mportant. Every m ż

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No [If death occurred in a hospital or Institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day) (Write the word) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory..... (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE L OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT Ш CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER of death _____ yrs. mos. ... (State or country State yrs, ____ mos. ds. Where was disease contracted. If not at place of death?. Former or usual residence DATE OF BURIAL (Address 1. 1910 20 ONDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid denumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICITAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "Purpresal peritonitis," etc. State cause for cbildbirth or miscarriage, as "Pursperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition." "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascer" is less definite; avoid use of "Tumor" for maily ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of .. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples: of



id state is very	County Baltinone 3285	STATE OF MARYLAND CERTIFICATE OF DEATH
RECORD PHYSICIANS should of OCCUPATION	Village or City Jardenville (No. 100)	Registered No. [It death occurred in a hospital or institution give its NAME instead of street and number.]
2 40	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Stated EXACTLY.	Male Acolor or RACE Sainele, MARRIED, Male Misoweth, Wisoweth, Wisoweth Write the word) G DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH March (3) 18, 1913. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 12, 1913, to 14, 13, 1913. that I last saw h Amaza aliva on Mely 12, 1913.
Should be	7 AGE It LESS than 1 day,	and that death occurred on the date stated above, at 13.15 Q. m. The CAUSE OF BEATH* was as follows:
WRITE PLAINLY, WITH UNFADING INK—TI-Every Item of Information should be carefully supplied. AGE CAUSE OF DEATH in pisin terms, so that it may be properly important. See instructions on back of certificate.	a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BERTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Address) 16 Filed Med 16, 191 3 No. 7 Clayton	Contributory Culesia Selesation (Secondary) (Secondary) (Deration) (Deration) (Signed) (Signed) (Signed) (Signed) (State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, Of Homicidal. 18 Length of Residence (For Hospitals, Institutions, Transients, Or Recent Residents) At place In the of death yrs. mos. ds. State yrs, mbs. ds. Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS 20 UNDERTAKER ADDRESS
z.	REGISTRAN	Man Lassafur Bons Tullellas hed
	at more viames are needed, address State Registra	ur, 6 M. Franklin St., Balto., Requesting V. S. No. 1.

BINDING

FOR

MARGIN RESERVED

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The inaterial worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., statement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc.. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," without more precise speci-As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cere-irospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. which surgical operation was undertaken. For vicmia," "Puerperal peritonitis," etc. childbirth or miscarriage. as "Pursperal septichaecer" is less definite; avoid use of "Tumor" for mallgture of the American Medicai Association cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUSY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of _ The contributory liways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH Village or City Hills dale

3286

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No.4 30

St; Ward)

[it death occurred to a hospital or institution, give its NAME instead of street and number.]

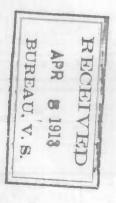
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SE	L FAMOUR	16 DATE OF DEATH Alaysh /2 , 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAG	(Month) (Day) (Year) GE It LESS than 1 dayhrs.	that I last saw he alive on where 12, 1913, and that death occurred on the date stated above, at 12 b m.
(a)	yrs. 6 mos. ds. OR min. ? CCUPATION Trade, protession, or ricular kind of work	The CAUSE OF DEATH* was as follows: The CAUSE of Spine
(b) busi whi	General nature of industry, iness, or establishment in ich employed (or employer) IRTHPLACE tate or country)	Contributory Bruchins & PErocoxee X (Secondary)
NTS	10 NAME OF Horn 2. hiddleton 11 BIRTHPLACE OF FATHER (State or country) Washington DC.	(Signed) (Buration) yrs mos ds. (Signed) , M. D. (Signed) , M. D. (Signed) , M. D. (State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PARE	13 BIRTHPLACE OF MOTHER (State or country) Frencont bulvasta	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
Zu	(Informant) alice M. Blandford	Where was disease contracted, It not at place of death? Former or usual residence
15 Fil	(Address) 1530 30 the St Ms. Inchingles led March 12, 1913 Marshall Blurst REGISTRAR	Washington Le C. March 12, 1913 20 UNDERTAKER ADDRESS ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when necded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinossis of lungs, meninges, peritonaeum,

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "PUERPERAL septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronio interstitial nephritis oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head (name origin; "Can-State cause for Examples: For VIO-



Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 RITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 3 6

[If death a hospital or a

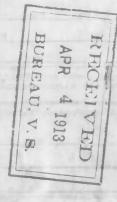
Village or City hear Parkton (No	St; Ward) [if death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATE SINGLE, MARRIED, WIDOWEO, ORDIVORED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment to which employed (or employer)	and that death occurred on the
9 BIRTHPLACE (State or country)	(Secondary) (Deration) yrs mos ds.
FATHER JAMANULLE 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME DAY Anderson 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed)
(informant) (Address)	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER CALLON STANDARD ADDRESS PART OF BROWNING V. S. No. 3

[Approved by U. S. Census and American Public Health
Association.]

the nature of the business or industry, and therefore an ness of various pursuits can be known. The question of persons engaged in domestic service for wages, should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illheen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should he used only when needed. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-(a); Spinner, (b) Cotton mill; (a) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Salcsman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic derebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUEBPEBAL peritonitis," etc. childhirth or miscarriage, as "PURRPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may he stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of . ture of the American Medical Association.) Accidental drowning; Struck by railroay train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Examples: FOT VIO-



OCCUPATION PHYSICIANS RECORD ō ERMANENT EXACTL BINDING ated 4 classified. U 0 properly AGE supplied. pe DING may certifica Ш 80 ō MARGIN terms, plain Instructions 9 EAT of DE CAUSE OF Important. S m

ż

ACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St.;....Ward) a hospital or institution, give its NAME Instead Minumore of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDDWED. (Month) (Day) Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, Trs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work ... (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10/NAME OF FATHER (Signed) S BIRTHPLACE ARENT OF FATHER ** State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS DR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) yrs. mos. ds. State yrs, ____ mos. Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF OR REMOVAL DATE OF BURIAL 15 emita 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nection is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Corcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar phenomia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosaeum, etc...

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Turrerran septichaemus," "Old Age," "Shock." 'Traemia," "Weakness," -Hart fallure," "Haemorrhage," "Inanition," "Maras. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, which surgical operation was undertaken. For vicetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never repor affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJUSY and qualify as is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds. or as probably Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 5 1918
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

1 PLACE OF DEATH 2900	STATE OF MARYLAND
Gounty Baltimore 3289	CERTIFICATE OF DEATH
- P. L' 10	Registered No. S. [If death occurred
Village or City Joseph (No.	St; Ward) St; Ward) a hospital or instituti give its NAME instituti of street and number.
² FULL NAME Sarah (1.	Milchell
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
temale White (Write the word)	(Month) (Day) (Year) 17 A I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	murch 1913, to much 14, 191
(Month) (Day) (Year)	that I last saw h allve on Arrach 14 ,191.
AGE If LESS that	and that death occurred on the date stated above, at
75 yrs. mos. ds. ORmln.?	The CAUSE OF DEATH'S Was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 14
(State or country) England.	Contributory (Secondary) (Duration) / yrs mos
10 NAME OF Thomas Bratt	(Signed) Jeany a force, M
11 BIRTHPLACE OF FATHER (State or country) England	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN
OF MOTHER Sof Known	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN)
13 BIRTHPLACE OF MOTHER (State or country) Rot Known	At place In the of death yrs
(Informant) Bertha Mitchell	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Garkville Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAR 18 19 19
	20 UNDERTAKER ADDRESS

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indlwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae-Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemla," "Weakness," which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is iess definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.		state
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RITE PLAINLY, WITH UNFADIR. B.—Every Item of Information should be carefully sur CAUSE OF DEATH in pigin terms, so that it min important. See instructions on back of certificate.	NG INK-THIS IS A PERMANENT K	pplied. AGE should be stated EXACTLY. Pr
"B.—Every item of information should be cause of DEATH in plain terms, so important. See instructions on back of	UNFADI	that it m certificate.
	WRITE PLAINLY, WITH	. BEvery item of information should be c CAUSE OF DEATH in plain terms, so important. See instructions on back of

	PLACE OF DEATH 3290 STATE OF MARYLAND		LAND
County Balkering		CERTIFICATE, OF	DEATH
Co	ounty 2	Ma (aluc Régisteres	6-37
v	Illage or City Texae Mil (No. 1)	St; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME (dwgrd 0)	VI	or street and number, j
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
3 SE	x 4 COLOR OR RACE SINGLE, MARRIED, WILDOWED	16 DATE OF DEATH	18 1913
n	ah Wlish- (Write the word)	(Month)	(Day) (Year)
8 D	ATE OF BIRTH	HEREBY CERTIFY, That I atte	nded deceased from
	m 5 /842	1945, 60	1912,
	(Month) (Day) (Year)	that I last saw here alive on Office	
TAC	If LESS than 1 day,hrs.	and that death occurred on the date stated abou	re, at
	vrs. 4 mos. 14 ds. ORmin.?	The CAUSE OF DEATH * was as follows:	1
800	CCUPATION	A Company of the state of the	6 10 -01
(a)	Trade, profession, or flourist kind of work. Same labors	Dearga France	Mura
(b)	General nature of Industry,	Bosport	***************************************
busi	ness, or establishment /n ch employed (or employer)	(Duration) (Duration) (Duration)	sds.
-		Contributory (Secondary)	***************************************
(Si	RTHPLACE ate or. country) Granuary		sds.
	10 NAME OF LEWARD MOCK	(Signed) B. 11. Bussey	, M. D.
IS	11 BIRTHPLACE	Mar 19, 1913 (Address) 1 4 Jan	- Mid
PARENTS	(State or country) Hermany	*State the DISEASE CAUSINO DEATH, or, in de CAUSES, state (1) MEANS OF INJURY; and (2)	aths from VIOLENT whether ACCIDEN-
PAR	12 MAIDEN NAME Matilda Vogel	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INST. OR RECENT RESIDENTS)	TUTIONS, TRANSIENTS,
	of Mother Cylymany (State or country)	of death yrs mos ds. State y	rs mos ds.
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Unixing	
	(Informanty Sillo to allum How KEEP)	Former or Backers	Cruly Mid
	(Address) Lexas Mo	19 PLACE OF BURIAL OR REMOVAL DA	TE OF BURIAL
15	There by the Po of Burney	St growth CErnetry	nar 19,1913
Fil	ed	20 UNBERTAKER AD	DRESS MA
	If more blanks are needed, address State Registrar, 6 E	Franklin St., Balto., Requesting V. S. No. 1	a diagram

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know cases, especially in Industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (a) the kind of work and also (b) For persons

Statement of cause of death—Name, first, the disease causing death—In always affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae. nus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart fallure," "Haemorrhage," "Inanition," "Maras genltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis mant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _ Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or Intercurrent) (name origin; "Can-Examples:



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should state properly classified. Exact statement of OCCUPATION is very PHYSICIANS RECORD A PERMANENT stated EXACTLY. should be WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. Every item of information should be CAUSE OF DEATH in plain terms, a Important. 1

County Balting ore



STATE OF MARYLAND CERTIFICATE OF DEATH

Ols	111		Registered
Village or City High	land 1	103308 Golg	ate st.; Ward)
		~ //	
* FULL NAME	John	Molter	,

[it death occurred in a hospital or institution.

etes give its NAME lostead of street and comber.]
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH March 29, 1913 (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from
that I last saw him alive on March 28, 1913.
and that death occurred on the date stated above, at 7 A m, The CAUSE OF DEATH* was as follows:
(Duration) 5 yrs mos ds. (Contributory (Secondary) (Deration) yrs mos ds. (Signed) 7 mark a Slants, M.D. (Signed) 3 r 4 feature are State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, (b) As examples

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

childbirth or miscarriage, as "Purpural scottichneture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICEDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUTRPTRAL peritonitis," etc. mus," "Old Age," "Shock." "Uraemia," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATES State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition." "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: For vioof

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 5 1913

BUREAU, V. S.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County..... Registered No. If death occurred in a hospital or institution, give its NAME instead of street and number. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Day) ORDIVORCED Write the word) That I attended deceased 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than TAGE 1 day hrs. OR mln. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accinen-AR TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State yrs, of death yrs. mos. ds. Where was disease confracted. If not at place of death? Former or usoal residence DATE OF BURIAL 16 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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state Very si NOI PHYSICIANS shou RECORD statement PERMANENT EXACTLY. Exact tated classified. 4 S pinous THIS properly AGE carefully supplied. UNFADING that it ma 20 ō WITH pe back terms, pinous E O In plain item of information OF DEATH in plain ant. See instructions Every item CAUSE OF Important. œ ż

3293 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St: Ward	[If death occurred a hospital or Institution eige its NAME instead of street and number.]
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH Seur	(Day), 191.2
17 I HEREBY CERTIFY, That	I attended deceased from
	an 13, 1913
that I last saw h alive on	,191,
and that death occurred on the date stated	above, atm
The CAUSE OF DEATH* was as follows:	
Still 13	010
Full (Ouration)	yrs. mos ds
Contributory (Secondary)	u tim
— ······ (Duration)	yrsmosds
(3,191) (Address)	will.
*State the DISEASE CAUSING DEATH, OF, CAUSES, state (1) MEANS OF INJURY; an TAL, SUICIDAL, OF HOMICIDAL.	
18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS) At place In the of death	. Institutions, Transients
Where was disease contracted, If not at place of death?	JIS MOS ds
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Jondon Fark	Jan 13191
20 UNDERTAKER	ADDRESS

PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE 4 COLOR OR RACE MARRIED, WIDOWED, Write the word) 6 DATE OF BIRTH (Day) (Year) (Month) If LESS tha t day,.....hr yrs. ____mos. ORmin.

business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)

(b) General nature of Industry,

particular kind of work

BOCCUPATION (a) Trade, profession, or

County

3 SEX

7 AGE

Village or City

2FULL NAME

10 NAME OF FATHER

PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME

OF MOTHER 13 BIRTHPLACE OF MOTHER

OF MY KNOWLEDGE

14 THE ABOVE IS TRUE

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15

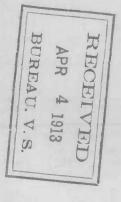
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Heaith
Association.]

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D 10 SICIANS shoul OCCUPATION 10 statement classified. properly that it m 80 terms, on back uo pialn Instructions c OF mportant. Every It

STATE OF MARYLAND 1 PLACE OF DEATH 3294 CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in .. Ward) a hospital or institution. give its NAME instead of street and number. I ari MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWEO. (Day) Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than TAGE and that death occurred on the date stated above, at 1 day hrs. OR min. ? BOCCUPATION (a) Frade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) -----Contributory..... (Secondary) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) , 191.3. (Address) 11 BIRTHPLACE OF FATHER (State or country) EN *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 2 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. Where was disease contracted. It not at place of death?. (Interment) usuai residence.. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Manles 15 Zanna 20 UNDERTAKER ADDRESS REGISTRAR

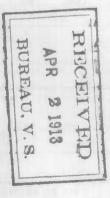
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons (d)

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoses

scpsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUEEPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association. cause of death approved by Committee on Nomencia-"Contributory." (Recommendations on statement of dent; Revolver wound of head-homicide; Poisoned "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronia ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," ... (name origin; "Can-State cause for de.;



V. S. No. 1.

N. B.-

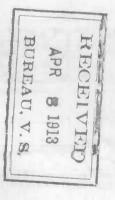
PLACE OF DEATH 3295	STATE OF MARYLAND
0690	CERTIFICATE OF DEATH
Gounty Datto.	Pasistered No. 30
2.1	Registered No.
Village or City Daning ton (No. 1)	[It death occurred to a hospital or Institution, give its NAME Instead of street and number.]
FULL NAME Prederich	Mus gilles
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLORORRACE SINGLE MARRIED, WIDOWED, OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH March (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH	March 6, 1913, to March 6, 1913,
Jan 5- ,1853	that I last saw have alive on March 6, 1913
(Month) (Day) (Year)	
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at/C. 3c Pm,
yrs. 8 mos. ds. or. min.?	The CAUSE OF DEATH* was as follows:
· · · · · · · · · · · · · · · · · · ·	
8 OCCUPATION (a) Trade, pratession, or	
particular kind of work	Ucute Myorardial Dusufficiery
(b) General nature of industry, business, or establishment in	(Duration) vrs Umos 1/2 hours
which employed (or employer)	
9 BIRTHPLACE (State or country)	(Secondary)
(State or country)	(Duration) yrs mos ds.
110 NAME OF A CONTRACTOR	6/ 110
FATHER John // Mandelsen	(Signed) Howard W Jours, M. D.
O II BIRTHPLACE	March 5, 1913 (Address) Daving Can
Z (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
C 12 MAIDEN NAME OF MOTHER MILIMANN	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds.
	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Informant) And I was a fill to	Former or usual residence.
Jam ster mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Floridon Par Senter Mar 10,191 9
16 2 10 2 10 010 1	20 UNDERTAKER ADDRESS
Filed March & 1913 Marshall /3 War	Marille de de de de de de de
REGISTNAR	Mis 4 house Hour /20 Jaurz
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. applies to each and every person, irrespective of age who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). EAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servent, Cook, Housewaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite sahry), may be entered as mine, etc. fication, as Day laborer, Form laborer, Laborer material worked on may form part of the second Greery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," 6

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereumosis of lungs, meninges, peritonaeum, etc.. Careta-

injury, as fracture of skuh, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallgture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accicause. Always qualify all diseases resulting from "Collapse." "Coma," "Convulsions," "Debility" ("Conoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-For VIO-



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N. B.-

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		should a
	RECORD	PHYSICIANS of OCCUPAT
No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	WRITE PLAINLY, WI	Every Item of Information should be carefully sur CAUSE OF DEATH In plain terms, so that it ma Important. See instructions on back of certificate.
No. 1.		Every it CAUSE Importan

Village or City Bengins (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
-FOLL NAME	W-Page 6-1-1-1-1
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year)
S DATE OF BIRTH July 4 , 1908 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from 191, 191, 191, 191
if LESS than 1 day,hrs. yrs. 8 mos. 2 5 ds. OR min.? OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at 7. Pm. The GAUSE OF DEATH* was as follows: ACalde J Gesterricky Aus workney medical auticuliyouration) yrs. mos. ds.
9 SIRTHPLACE (State or country) 10 NAME OF FATHER Ash Mens.	Contributory (Secondary) (Duration) yrs mos ds. (Signed) Arace Arace / 10 u.m.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 SIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Linear Pres Tun	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) 16 Filed In IS 1913 floodaring PREGISTRAN	19 PLACE OF BURIAL OR REMOVAL AR Aufs St. 20 UNDERTAKER Chas June 13 Ressure

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfui-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: For persons "Foreman,"

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RECEIVED

APR 5 1913

BUREAU, V.S.

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REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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APR 5 1918
BUREAU, V.S.

3298 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No..... fit death occurred in St:....Ward) a hospital or institution. RECORD give its NAME lostead at street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, Write the word 17 I HEREBY CERTIFY, That I attended deceased from (Day) (Month) (Year) TAGE II LESS than and that death occurred on the date stated shove at 9. 1 day,hrs. The CAUSE OF DEATH * was as follows: OR 7 8 OCCUPATION. (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment lo which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 80 0 11 BIRTHPLACE ARENT OF FATHER should (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place in the OF MOTHER (State or country ot death _____ yrs. ____ mos. ____ ds. DEATH State yrs, ____ mos, ds. Where was disease contracted. if not at place of death?.. 10 Former or Item OF mportant. Every Ite ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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S PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. ted classified. should properly AGE supplied. pe may certificate. carefuily that ö pe back terms, should 0 PLAINLY. plain See Instructions Information of Infor Item OF important. CAUSE

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1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED PHarried WIDOWED, ORDIVORCED (Write the word) ierra 6 DATE OF BIRTH (Day) (Month) If LESS than 7 AGE 1 day, hrs. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment In which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE (Intormant (Address) 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;.....Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number. 7

16 DATE OF DEATH March 2015 19	
(Month) (Day) (Ye	/9?
March 13 1913, to March 19 15	Irom
that I last saw her allve on March 19 ,18	1.3.
and that death occurred on the date stated above, at 2.0. The CAUSE OF DEATH* was as Iollows: Allatation + Chronic Valrular	m,
heart disease	
Contributory Selatation & Chronic (Secondary)	ds.
Vahula heart dises (Duration) - yrs - mos 7 (Signed) Promis B. Geller March 21, 1913 (Address) Hamilton Ball	M. D
*State the DISEASE CAUSING DEATH, or, in deaths from VIOL CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCITAL, SUICIDAL, Or HOMICIDAL.	-
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS) At place In the of death yrs,	
Where was disease contracted, If not at place of death? Former or usual residence	**********
19 PLACE OF BURIAL OR REMOVAL B. DATE OF BURIAL -Pargrant Cemelis Box. March 28	

If more blanks are needed, address State Regis trar, 6

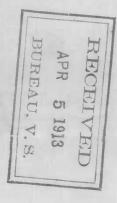
REGISTRAR

[Approved by U. S. Census and American Fublic Health
Association.]

tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term, on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Lahorer," As examples: But in many For persons "Foreman."

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal septichaedent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acct such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . ture of the Americau Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ar-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," (name origin; "Can-State cause for "Exhaustion," Never report Examples:



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH
Registered No. 40 St; Ward) Fild death occurred is a hospital or institution give its NAME insteas of street and number.]
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Month) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from [A. C. S.
and that I last saw here alive on March 2, 1912 and that death occurred on the date stated above, at 4
Contributory Mafsharita and Arepany (Secondary) (Duration) yrs mos d
*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. *BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENCE)
At place in the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, it not at place of death? Former or usual residence.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care it should be used only when needed. As examples: Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect. Locamotive engineer, applies to each and every person, irrespective of age. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cbildbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the which surgical operation was undertaken. cause. Always qualify all diseases resulting from mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Lyonchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) tetanus) (Recommendations on statement of may be stated under the head (name origin; "Candeath), 29 ds.; For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 4 1918
BUREAU. V. S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exset statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT W. B. No. 1.

BINDING

RESERVED FOR

MARGIN

PLACE OF DEATH 3301	STATE OF MARYLAND
County Bells	CERTIFICATE OF DEATH
ounty and a constant	Registered No.
Village or City Acq alandotty (No. 200;	St; Ward) [If death occurred a hospital or Institution
	give its WAME lostes of street and number.]
FULL NAME CISTALLY CENT	MAL.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARKIED, WHO COLOR OF RACE (Write the word)	16 DATE OF DEATH Mounth 12, 1913. (Month) (Day) (Year) 17 THEREBY CERTIFY. That I attended deceased from
8 DATE OF BIRTH DATE 04 217	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h me alive on March 11 , 1913
7 AGE If LESS than	and that death occurred on the date stated above, st. 6 4. m
yrs	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession, or	De la constantina della consta
particular kind of work (b) General nature of industry,	Wrougho - Menmonia
business, or establishment in which employed (or employer)	(Duration) yrs. mos. 30 ds
BIRTHPLACE (State or country)	(Secondary) Me lunig 413, Aluke
poello Co	(Quration) yrs mos 14 de
FATHER CINTON PERMIN	(Signed) N. G. Mandrock M. D.
11 BIRTHPLACE OF FATHER	Mers 12, 1913 (Address) 1242 N. Buly
OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Coma will	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of deathyrs,mos,ds. Stateyrs,mos,ds
	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
(Informant) CALLON COMMENTER OF MY KNOWLEDGE	If not at place of death?
(Informant) Outoni Permini	If not at place of death?
(Informant) Ontoni Permi	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAN. 43, 191.3.
(Informant) Outoni Permini	If not at place of death? Former or usual residence. 19 PLACE OF BURYAL OR REMOVAL DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the dibrass causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUEBPERAL septichaeetc., when a definite disease can be ascertained as the ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgcause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICILAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of .. ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Examples: cause for For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 5 1913
DURFAU. V. S.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING RESERVED FOR MARGIN V. S. Wo. 1.

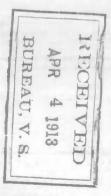
	1 PLACE OF DEATH	STATE OF MARYLAND
C	ounty Balto Co. 3302	CERTIFICATE OF DEATH
		Registered No. 37
V	Illage or City Spanks (No	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME TOWN (), 1700	CC of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	emale White Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
6 D	Tetrany 8, 1890 (Month) (Day) (Year)	that I last saw h Lalive on Flynch 6, 1913.
TAC	2 3 yrs. X mos. 2 6 ds. ORmin.?	and that death occurred on the date stated above, at 6-30 Am, The CAUSE OF DEATH* was as follows:
(a) par	Trade, profession, or Housewife General nature of industry,	Pregunt Elangusia
whi 9 BI	ness, or establishment in the employed (or employer) RTHPLACE ate or country) Wenger Balto, Co.,	(Duration) yrs mos. ds. Contributory (Secondary) (Duration) yrs mos. ds.
S	10 NAME OF Samuel Hilhelm. 11 BIRTHPLACE	(Signed) J. Cos Vayne, M. D. Mayh 7, 1913 (Address) Corplex 2ml
ARENT	OF FATHER (State or country) Maryland 12 MAIDEN NAME COLOR PORTOR	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
147	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was decaded and the state of the sta
	(Informant) Dora P. Malhens	if not at place of death? Former or usual residence.
16 Fil	ed Marchy, 1813 Dry Busan REGISTRAR	Jacopherode Com march 8, 1813, 20 UNDERTAKER Brooks Sparks
	if more blanks are needed, address State Registrar, 6 F	E. Franklin St. Balto. Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iii-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative healthfuimine, etc. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc., Carcinoscia

ture of the American Medical Association.) cause of death approved by Committee on Nomencia. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchogneumonia (secondary), 10 ds. affection need not be stated unless important. ample: Measles valvular heart disease; Chronic interstitial nephritis cer" is iess definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "Annant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing (name origin; "Candeath), 29 da.; Never report Examples: For vio-



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	0	ant.
7	USE	Port
Eve	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is	important. See instructions on back of certificate.

m ż

state Very

3303 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City H. Orlington (No. 210, Belredese ast St.; Ward)

[if death occurred in a hospital or lostitution. give its NAME lostead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale White Spingle, wild with the word)	16 DATE OF DEATH Month (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH Hel. 13. (Month) (Day) (Year)	that I last saw h. Com alive on March 1 , 1913
7 AGE 2. yrs. mos. 9 ds. ORmin. ?	and that death occurred on the date stated above, at 12 Pm. The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, er particular kind ef work	Copylling Bondato
(b) General nature of Industry, business, or establishment to which employed (or employer)	Gentributory Shaustra
9 BIRTHPLACE (State or country) Ballimure	(Secondary) (Daration) yrs mos ds.
of FATHER Christophia Casmussen (State or country) FATHER Constant Control Constant Control Contr	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
12 MAIDEN NAME OF MOTHER Edna. Wollett 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds.
(Informant) (Informant)	Where was disease contracted, If not at place of death? Former or usual residence
(Address) 210 Betredere av.	1 PLACE OF SURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
Filed March 4, 1913 WM & nello, REGISTRAR	Wir Cook 301 E. Northans

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite safary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPEEAL septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," "H art failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. etc. The contributory (secondary or intercurrent) ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (name origin; "Can State cause for Never report Examples: For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR V. S. No. 1.

BINDING

	PLACE OF DEATH 3304	STATE OF MARYLAND
Col	unty Ballicine	CERTIFICATE OF DEATH
	$M \sim 2$	liftylga Registered No. 7
Vil	llage or City Server (No. 18	St; Ward) [If death occurred I a hospital or Institution give its NAME instead of street and number.]
	² FULL NAME MUSICAL PREMENT	n rueiues
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX	M 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
DA	TE OF BIRTH Dee- 9, 1845.	mel 12, 1913, to mel 25, 1913 that I last saw h will alive on Mich 24, 1913
AGI	(Month) (Day) (Year) E	and that death occurred on the date stated above, at 3 30 A, m The CAUSE OF DEATH* was as follows:
parti (b) (busing which	General nature of industry, sess, or establishment in the employed (or employer) Batte or country) General nature of industry, sess, or establishment in Suilding trousles General nature of industry, Sess, or establishment in Suilding trousles General nature of industry, Sess, or establishment in Suilding trousles General nature of industry, Session of industr	Contributory (Secondary) (Quration) yrs. mos. ds (Quration) yrs. mos. ds
	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 91211131131	(Signed) C. L. Wilfeinson, M. D. 3-26, 1913 (Address) Rasfieling, and
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS	
	13 BIRTHPLACE OF MOTHER (State or country) State or country)	or Recent Residents) At place In the of death
	Informant) A CALL RELIANT THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
,	4	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address). Overled	DATE OF BURIAL OR REMOVAL DATE OF BURIAL

[Approved by L. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, Farmer or Planter, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinossis of lungs, meninges, peritonaeum, etc.. Carcinoscipalistics of lungs, meninges, peritonaeum, etc...

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 5 1913
BUREAU, v.s.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 9905	STATE OF MARYLAND
DATE 3305	CERTIFICATE OF DEATH
County Sallinge	Registered No. 4/
Village or City Orangeville (No. 6. J.)	Comment St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORGED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17
(Month) (Day) (Year)	that I last saw her allys on Per 24 1915
7 AGE 1 LESS than 1 day, hrs. OR. min.?	and that death occurred on the date stated above, at 7.15 Am, The GAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, prefession, or psrticular kind of work (b) General nature of industry,	Garage Foreign
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary) (Duration) yrs. mos. 7 ds. (Secondary)
O 11 RIETHPLACE	(Signed) G. G. Park, M. D. March 2, 1913 (Address) 2000 & Ballune of
11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs mos ds. State yrs mos ds.
(Informant) Charles Megen Conde	Where was disease contracted, it not st place of death? Former or usual residence
15 Sund 2 /W All Paraday MA	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LOUGH AND ADDRESS ADDRESS
Files 1910 REGISTRAR If more blanks are needed address State Registra	er, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
TT MATC NAME OF STATES OF STATES STAT	TO NO ATOL AS

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfuicated thus: Farmer (retired 6 yrs.). Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) many occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefidite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pursperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritte nant neoplasms); Measles; Whooping cough; Chronio cer" is iess definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medicai Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report Hor VIO-

If this certificate is looked over thoroughly and all quentions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 5 1913

BUREAU, V.S.

CERTIFICATE OF DEATH Registered No. [If death occorred in St: Ward) a hospital or institution. RECORD give its NAME losfead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 130 1 dayhrs. OR 7 8 OCCUPATION (a) Trade, profession, or INK parficular kind of work. (b) General nature of industry, business, or establishment in UNFADING which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary) 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE 2 Af place in the OF MOTHER DEATH yrs. mos. .. Stafe yrs, ____ mos. ___ ds. Where was disease confracted. if not at place of death?. Former or OF usual residence. CAUSE OF DATE OF BURIAS 16 20 UNDERTAKER Much REGISTRAL If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

3306

1 PLACE OF DEATH

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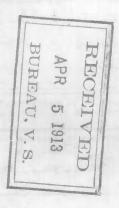
ARGIN

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, For many occupations a single word or term on the The receive a definite salary), may be entered as mine, etc. itles of the household only (not paid Housekeepers Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Purreral septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maileoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Examples:



pinode OCCUPATION PHYSICIANS RECORD statement PERMANENT EXACTLY. BINDING classified. pe INK-THIS IS properly RESERVED supplied. pe UNFADING may that MARGIN should piain Information 드 DEATH NRITE 0 Item OF

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CAUSE

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STATE OF MARYLAND PLACE OF DEATH 3307 CERTIFICATE OF DEATH County Registered No..... Ilt death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and oumber.] PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. SEX MARRIED: WIDOWED, (Month) (Day) Write the word) I HEREBY CERTIFY. That I attended deceased from (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 4-20 am 1 day,hrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Contributory (Secondary) BIRTHPLACE (State or country)yrs......mos. 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. 0. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. mos. Where was disease contracted. it not at place of death?. usual residence DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekecpers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pursperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitlal nephritis. uant neoplasms); Meaxles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for For vio-



N. B.—Every item of information should be carefully supplied. AGE should be atated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT BINDING MARGIN RESERVED FOR

V. B. No. 1.

1 PLACE OF DEATH 3308	STATE OF MARYLAND
RITA	CERTIFICATE OF DEATH
County Colary	Registered No. 37
Village or City Threny (No.	St; Ward) [If death occurred to a hospital or institution,
* FULL NAME Mesley & Roy	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Wisdweb, OR OIVERCED (Write the word)	16 DATE OF DEATH MAY DA 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
B DATE OF BIRTH March 18, 1837 (Month) (Day) (Year)	Hele 1913, to March 11th, 1913, that I last saw h march 11th, 1913.
7 AGE If LESS than	and that death occurred on the date stated above, at 1/2 lem,
76 yrs. // mos. 2, 4 ds. 1 day, hrs. or min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or Farmer & Murcham particular kind of work Farmer	of Stomac
(b) General naturs of industry, business, or establishment to which employed (or smployer)	(Duration)yrs. \$\int_{\text{mos.}} \int_{\text{ds.}} \tag{ds.}
BIRTHPLACE (State or country) Phoening Ballo Co	Contributory (Secondary) (Deration) yrs / mos 5 és.
10 NAME OF Mesley Royston	(Signed) J. Panne, M. O.
11 BIRTHPLACE OF FATHER (State or country) Balin	March 12, 1913 (Address) The enry Md
State or country) Datio	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Phoenix Bals Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
(Informant) Sussie Royston Smith	Where was dissase contracted, If not at place of death? Former or usual residence.
(Address) Glew arm Ind.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Morchi31913 Stores. Busen	20 UNDERTAKER Brooks ADDRESS
If more blanks are needed, address State Registra	P. R. Eranklin St. Ralto Recogning W. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

Who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING NEATH, state occupation at beginning of III-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the nibrase causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, Or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purrperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 valvular heart discase; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgby carbolic acid-probably suicide. The nature of the mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-Never report For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 4 1913
BUREAU, V. S.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A FERMANENT RECORD V. S. No. 1.

MARGIN RESERVED FOR BINDING

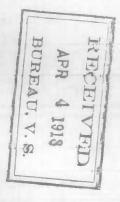
PLACE OF DEATH 3309	STATE OF MARYLAND CERTIFICATE OF DEATH
County Allune	Registered No. 38
Village or City graces (No. Inh.	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Nale 4 COLOR OR RACE SINGLE, MARRIED, Malowrod ORDIVORCED (Write the word)	16 DATE OF DEATH March 22, 1913 (Month) (Day) (Year)
DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from March 12, 1910, to March 2 2 1913 that I last saw h Lill allye on March 2 1 1913
AGE Section 1 (Say) (Tear) It LESS that 1 day, hrs or mos. // ds. OR min.? OCCUPATION (a) Trade, profession, or particular kind of work. Celured	and that death occurred on the date stated above at 2 15 Pm
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Gontributory Respectatory feelere (Secondary)
10 NAME OF George of Reede	(Signed) G. G. Flersh
11 BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death
4THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lewa Y. Cuck	Where was disease contracted, If not at place of death? Former or usual residence
(Address) 2000 6 Ballinore of	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL Relemmount Cloude May 3,5, 1913 20 UNDERTAKER ADDRESS

[Approved by L. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. The cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specigainfully employed, as At school or At home. who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—I (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "Puerperal septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resuiting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report Examples: cause for



state Very 9 PHYSICIANS should of OCCUPATION IS RECORD RMANENT EXACTLY. Exact stated pe O properly supplied. pe may certificate. that 0 0 pe back terms, should CO plain Instructions _ DEATH 0 Item OF m portant. ш

CAUSI

3310 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in .Ward) a hospital or Institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. Write the Word HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. OR mlo. ? BOCCUPATION (a) Frade, protession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory.... (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER In the ot death _____ yrs. ____ ds. (State or country State yrs, ____ mos. ds. Where was disease contracted. it not at place of death?usual residence DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR

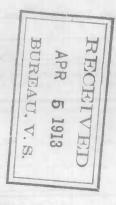
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinology

childbirth or miscarriage, as "Puerresal septichaedent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUEBPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," (name origin; "Candeath), 29 State cause for "Exhaustion,"



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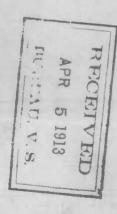
STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No... [If death occurred in Ward) a hospifal or Institution, give ifs NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Marved widowed Marved ORDIVORCED (Write the word) 191 (Month) (Year) HEREBY CERTIFY, That I attended deceased from 11.56 (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory (Dyration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) In the of death yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. KNOWLEDGE If not at place of death? Former or usual residence. DATE OF BURIAL (Address) 15 20 UNDERTAKER REGISTRAR f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer, "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify ail diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds., State cause for For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RESERVED FOR BINDING MARGIN No. 1.

V. S.

PLACE OF DEATH 3312	STATE OF MARYLAND
County Baltimore	CERTIFICATE OF DEATH Registered No. 44
Village or City Rossvelle (No	St; Ward) [It death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, SINGLE, MARRIEO, WIGOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
October 29 18.96 (Month) (Day) (Year)	that I last saw halive on
7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
particular kind of work	(Duration) yrs. mos. ds. Contributory (Secondary) (Duration) yrs. mos ds.
10 NAME OF FATHER Frederick W & Schmids 11 BIRTHPLACE (State or country) Maryland 22 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Frank F Foulk & Corone B. State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
12 MAIDEN NAME OF MOTHER Clayabath Clary 13 BIRTHPLACE OF MOTHER (State or country) Washington	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Informant) Frederick W & Sommeble	Where was disease contracted, It not at place of death? Former or usual residence.
(Address) 0.37 Ruttanel Avenue	1057 Ruflow Ew DATE OF BURIAL 20 UNDERTAKER ADDRESS
REGISTMAN If more blanks are peyded, address State Registrar, 6 1	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations statement. Grocery; (a) Foreman, (b) Automobile factory. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulminc, etc. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc.,

ture of the American Medical Association.) . by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. childbirth or miscarriage, as "PUEBPEBAL septichaeetc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cause. Aiways qualify all diseases resulting from mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seniie," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 5 1913
BURDAU, v. S.

Mary.

3313

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ... [If death occurred in a hospital or Institution, give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH 191 (Month) (Day (Year) HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, State DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulcated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indicausing death, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekecpers minc, etc. Women at home, who are engaged in the fleation, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Never return "Laborer," If the occupation has Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile." etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name orlgin; "Can Never report Examples:

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RECEIVED
APR 5 1918
BUREAU, V.S.

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County Paulo-	CERTIFICATE OF DEATH Registration Dist. No. 32 [If death occurred in
FULL NAME Du 7 Sch.	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 STRUCE, MARINED, Molecular WIDOWED, Molecular OPTIVE THE WORD 1849	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1912, to Mou - 2 1913
(Month) (Day) (Year)	that I last saw h allve on ne _ 2 / 1913
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer). 9 SIRTHPLACE (State or country)	(Duration) yrs. 6 mos. ds. Contributory Test Orally 2 i T Secondary) Orang Head Ouranot yrs. 6 mos. ds
10 NAME OF Ole arles Solwatta	(Signed) Low D. Trelle, M. D. , 191 (Address) Why hu
OF FATHER (State or country) La Maiden Name of Mother	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant)	Where was disease contracted, If not at place of death? Former or usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Balluman Carre Mar 22, 1913.
Filed MM. 21. 1913 FTWM U. Maylor REGISTRAR If more blanks are needed, address State Regis trar, 6	20 UNDERTAKER GCC- M' Little Wremout. 4

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcinosis of lungs, meninges, peritonacum, etc...

genital," "Senite," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marasmia," "Puerperal peritonitis," etc. State cause for ctc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if lupossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as cause. Always qualify all diseases resulting from thenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ "Contributory." The contributory (secondary or intercurrent) "Old Age," "Shock." (Recommendations on statement of "Taemia," "Weakness," "PUERPERAL scptichae-(name origin; "Can-Examples: 10



1 PLACE OF DEATH STATE OF MARYLAND 3315 CERTIFICATE OF DEATH Registered No If death occurred la St :----Ward) a hospital or institutico. RECORD give its NAME Instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX 4 COLOR OR RACE WIDOWED, (Day) (Write the word) 17 1 HEREBY CERTIFY, That I attended deceased from (Month (Day) (Year) 7 AGE It LESS than 1 dayhrs. The CAUSE OF DEATH * was as follows: 6 OCCUPATION (a) Trade, protession, or ollous . particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory (Secondary) (State or country) Salta Co 10 NAME OF 0 10 Meh. 5 1913 (Address). 11 BIRTHPLACE terms, ARENT OF FATHER pinous (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-60 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE 2 At place In the OF MOTHER of Inform DEATH (State or country) ot death yrs. mos. State yrs mos ds Where was disease contracted, It not at place of death? Former or Every item usual residence mportant. Co DATE OF BURIAL ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. additional line is provided for the latter statement; Scrvant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted ferm for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonacum, etc.. Carcin-

oma. Sarcoma. etc., of _______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for mailgmia," "Tuerperal peritonitis," etc. childblrth or miscarriage, as "Puerperal scotichacgenital," "Senile," etc.), "Dropsy," "Exhaustion, thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic schsis, tetanus) may be stated under the head lajury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suiside. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Con mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-"Contributory." ture of the American Medical Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Examples: 01

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BUREAU, V.S.

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V. S. No. 1.

PLACE OF DEATH 331	6/10	A me	TATE OF MA	
County James Co	Uro	(A)		ed No. 44
VIIIage or City Kassville 2 FULL NAME Ann	(No.	Shaffer	St; Ward	[It death occurred in a hospital or Institution, give Its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL	CERTIFICATE OF	DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWEO, ORDIVORCE! (Write the	word)	B DATE OF DEATH	(Month)	(Day) (Year)
6 DATE OF BIRTH Oan (Month) (Day	1830	wender 20. 1	911 to Ina	attended deceased from 28.1913.
7 AGE / (It LESS than and	1	on the date stated	above, at 4
BOCCUPATION (a) Trada, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	nd	Contributory A	almour	yrs. 5 mos. ds.
11 BIRTHPLACE (State or country) Balty for MY 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 14 DAINTH.	and a	*State the DISEASE C.CAUSES, state (1) MEATTAL, SUICIDAL, OF HOME	Address) / 1 0 B (AUSING DEATH, Or, 1 NS OF INJURY; and CIDAL	n deaths from VIOLENT (2) whether ACCIDEN
13 BIRTHPLACE OF MOTHER (State or country)	OWLEDGE IN THE POLICE OF THE P	PERGITH OF RESIDENTS) place death	ds. In the	NETITUTIONS, TRANSIENTS, yrs mos, ds.
(Address) Rasmille Bal- Filed McL IJ, 1913 Jo Hamsi	to, 60 119	PLACE OF BURIAL OF Johns Ceur UNDERTAKER	(- <u> </u>	DATE OF BURIAL PACE 17 ,1915 ADDRESS LOSSVILLE
if more blanks are needed, address St	tate Registrar, 6 B. Fr			4

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers been changed or given up on account of the disease should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc... Carcinosts

sepsis, tetanus) may be stated under the head of childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the inus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for mallg. Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., or The contributory Always qualify all diseases resulting from "Seniie," etc.), (Recommendations on statement of "Convuisions," "Debility" ("Con-(secondary or intercurrent) "Dropsy," (name origin; "Candeath), 29 State cause for "Exhaustion," Never report Examples:

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OCCUPATION PHYSICIANS RECORD of statement PERMANENT QUION Exact ciassified. pe D THIS 0 properly INK supplied. pe ESERV may carefully o 80 ARGIN terms. pluoda PLAINLY pialn Information = EATH ARITE PO item OF

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [It death occurred toWard) a hospital or institution. give its NAME lostead of street and oumber. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 12 1 day,hrs. OR min. ? BOCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ENT OFFATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ... Where was disease contracted. MY KNOWLEDGE It oot at place of death? Former or usual residence. LACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESE REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

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Association.]

· ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illminc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, essary to know first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) As examples: For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned mia," "PUEBPERAL peritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and/consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis Sarcoma. etc., of The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples: M.

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APR 8 1918
BUREAU, V.S.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. Ilf death occurred in St :-----Ward) a hospital or institution. RECORD give its NAME Instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS ENT 16 DATE OF 3 SEX 4 COLOR OR RACE MARRIED, Married AN WIDOWED (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at. 1 day hrs. The CAUSE Of DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or (b) General nature of Industry. business, or establishment in O which employed (or employer) Z Ш E Contributory. State or country) (Secondary) 10 NAME OF FATHER 0 Z 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Suo 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Instruct = At place In the OF MOTHER (State or country) of death vrs. mos. State yrs, ____ mos, ___ EAT Where was disease contracted. If not at place of death? ... of 9 Former or 10 Item usual residence. CAUSE OF DATE OF BURIAL 15 Filed Mide 1 ma m REGISTRAR If more blanks are needed, address State Registrar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative heaithful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla. dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association.) "Contributory." scpsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "Puerpeaal septichoc etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Consa," "Convuisions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of __ Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms) : Measles; Whooping cough: Chronic cer" is less definite; avoid use of "Tumor" for mallg-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin: "Can State cause for Examples: FOT VIO-



state Very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

BINDING

RESERVED

MARGIN

1 PLACE OF DEATH

Village or City Jarran Comt (No. 520) 2 FULL NAME adam E. Jin	The state of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 6 SINGEX, MARRIED, Married Wisowes, ORDIVORGES (Write the word) 8 DATE OF BIRTH Lec 23 1860	16 DATE OF DEATH March 20 th, 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from March 20, 1913
(Month) (Day) (Year) 7 AGE 52 yrs 2 mes, 25 ds. OR min.? 8 OCCUPATION (a) Trade, profession, or Technocker Darticular kind of work	that I last saw him alive on March 20th 1913 and that death occurred on the date stated above, at 430 Pm The CAUSE OF DEATH* was as follows: Lowe Rephrehs with Kidney of one
(b) General nature of Industry, business, or establishment in Rail Maxing which employed (or employer) BIRTHPLACE (State or country) York Co Pa	Contributory Cremic Porcomy (Secondary) (Boratlon) yrs mos o
11 BIRTHPLACE OF FATHER (State or country) Germ any 12 MAIDEN NAME CATHERINE Rotter OF MOTHER Catherine Rlotter	(Signed) (Signed) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. (Blength of Residence (for Hospitals, Institutions, Transients)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) Baney J. Timmons (wife (Address) 323 East & Stafar Pt	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed War 22, 1913 9 (m. Comics M. D.) REGISTRAR	Parriaburg Pa Mar. 23, 181.3 20 UNDERTAKER Denny Co 7/3 Light

3319

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

material worked on may form part of the second fication, as Day laborer, Farm laborer, Laborer—Coal statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return -Precise statement of occupa-"Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid Dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Coliapse." "Coma," "Convulsions," "Debility" ("Concause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.: affection need not be stated unicss important. valvular heart disease; Chronic interstitial nephritim nant neoplasms) : Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for mallgture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as Bronchopncumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin: "Can-State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 5 1918
BUREAU, V.S.

Very CERTIFICATE OF DEATH Registration Dist. No. OCCUPATION [If death occurred in a hospital or Institution. give Its NAME Instead of street and number. 1 2FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF 3 SEX MARRIED. WIDOWED, (Day) Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH classified. (Month) (Day) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at //. > 1 day,hrs. The CAUSE OF DEATH* was as follows: properly 6 OCCUPATION (a) Trade, profession, or particular kind of work... supplied. (b) General nature of Industry, pe business, or establishment in ADING may which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) Ш 10 NAME OF FATHER (Signed) of ARGIN back terms, ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER Instructions 0 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State of inf Where was disease contracted. If not at place of death? item OF usual residence important. 19 PLACE OF BURIA CAUSE DATE OF BURIAL 15 20 UND m ż If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. 8, Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulwho have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At homc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the been changed or given up on account of the DISEASE material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing disease, the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubcrculosis of lungs, meninges, peritonaeum, etc.. Carcin-

etc. The contributory (secondary or intercurrent) childbirth or miscarriage. as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. cause of death approved by Committee on Nomencia "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acct such, if impossible to determine definitely. ACCIDENTAL, SUICIOLL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis mant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) is less definite; avoid use of "Tumor" for mails Always qualify all diseases resulting from "Senile." etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 5 1913
BUREAU, V.S.

3321 CERTIFICATE OF DEATH Registered No. lit death occorred is St: Ward) a hospital or institution. RECORD give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, Married WIDOWED. male (Day) (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) TAGE If LESS than f day 9 hrs. OR J. Omin. ? Ulminary Tuberculoses BOCCUPATION (a) Trade, protession, or Clark In Commission merchan particular kind of work. (b) General nature of indostry, pe business, or establishment to may which employed (or employer) ----certificate. (Secondary) (State or country) that 10 NAME OF FATHER 9 10 11 BIRTHPLACE terms, ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-6 ARI 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE, OR RECENT RESIDENTA 13 BIRTHPLACE = At place in the OF MOTHER (State or country) of death _____ yrs. mos. ___ DEATH State _____ yrs. ____ mos. ... _ ds. Where was disease contracted, It not at place of death?..... Former or Item OF Every item CAUSE OF Important. usual residence. DATE OF BURIAL REGISTRAR If more blanks are needed, address State Registrar & E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," cated thus: Farmer (retired 6 yrs.). For persons fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may he entered as duties of the household only (not paid Housekeepers mine, etc. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, periionaeum, etc.. Carcin-

childbirth or miscarriage, as "Purprenal septichaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mails. such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. inus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Oan State cause for Examples: 01



No. 00

RECORD

Very should ION is County. PHYSICIANS shou 2FULL NAME Exact statement PERSONAL AND STATISTICAL PARTICUL EXACTLY. 4 COLOR OR RACE 3 SEX MARRIED, WIDOWED, ORDIVORCED (Write the wo 6 DATE OF BIRTH stated properly classified. (Month) (Day) pe TAGE should mos. AGE 8 OCCUPATION (a) Trade, profession, or particular kind of work... supplied. pe (b) General nature of Industry, business, or establishmanf in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) carefully that 10 NAME OF FATHER ö be back PARENTS 11 BIRTHPLACE terms, OF FATHER (State or country) should 6 12 MAIDEN NAME in plain See instructions OF MOTHER Information 13 BIRTHPLACE OF MOTHER (State or country) of inform 14 THE ABOVE IS TRUE -Every Item CAUSE OF (informanf) Important. (Address) 15 œ. z

If more blanks are needed, address Sta

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

(Nord)	[It death occurred in a hospital or Institution, give Its NAME Instead ot street and number.]
DODOCCOTTO TTO A DECAR OF CO.	

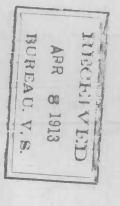
RS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH March 1913
cloved	(Month) (Day) (Year)
1)	17 HEREBY CERTIFY, That I attended deceased from
, /(Year)	that I last saw h Malive on Mich 154 1913
It LESS than	and that death occurred on the date stated above, at
OR min. ?	The CAUSE OF DEATH* was as follows:
	A Cld.
,	lecultal Effusion
	(Ouration) yrs. mos. 2 de
•••••	Contributory Peneral Variesis (Secondary)
	(Duraflow) 2 yrs mos di
	(Signed) A DICENTO 189 -
	med 5, 1913 (Address) leatonwelle my
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS)
	At place In the
EDGE	of death yrs. mos. ds. State yrs. mos. ds.
l.	If nof at place of death? Former or usual residence. Dullmine Mes
and	19
	Thing rise flats from Mich 3 1913
rst	20 UNDERTAKER VADDRESS
REGISTRAR	Spring Grove State Hazartal Octorion

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, pot statement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, For persons "Foreman,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to thime and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosis of lungs, meninges, peritonaeum, etc...

childbirth or miscarriage, as "Tuepperal scottchae mus," "Old Age," "Shock." cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the genital," "Senile." etc.), "Collapse," "Coma," "Convultions," "Debility" ("Conthenla," "Anaemia" ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Mcdlcal Association.) Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably -E art failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mails The contributory Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (merely symptomatic), "Atrophy," (secondary "Dropsy," "Exhaustion," "Taemia," "Weakness," (name origin; "Can or intercurrent Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

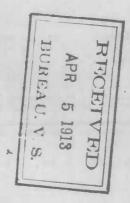
PLACE OF DEATH 3323 County 3323	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City model Cho. 37. 6	Registration Dist. No. St.; Ward) St.; Ward) Fit death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED MIDOWED. ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 A I_HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw ham alive on mod 19 1913.
7 AGE 1 If LESS than 1 day,hrs. 0 cmmin.?	and that death occurred on the date stated above, at 9. A m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Acres H Stales	(Secondary) (Duration) yrs mos ds. (Signed) Thur Harron, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disaase contracted,
(Informant)	It not at placa of death? Former or usual residence
(Address). Middlescen my 16 Filed McL/7, 1913 Ad Stancon my REGISTRAR	19 PLACE OF BURIAL OR REMOVAL ALWAYS ST. Cear DATE OF BURIAL 20 UNDERTAKER Chas fauth ADDRESS ROSSILLE
If more blanks are needed, address State Regia trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

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STATE OF MARYLAND PLACE OF DEATH Very CERTIFICATE OF DEATH SICIANS Should Registration Dist. No (if death occurred in a hospital or institution, RECORD give its NAME instead of street and number.] 0 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 6 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. のとう ORDIVORCED Snight
Write the word) 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day,....hrs. OR min. ? BOCCUPATION proper (a) Frade, profession, or particular kind of work... (b) Geoeral nature of industry. business, or establishment in UNFADING which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 0 90 ARGIN Marche 27191 3 (Address) I terms, n back 11 BIRTHPLACE ENT OF FATHER (State or country) pinous *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0 2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain 4 ATH in plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) _____ yrs. ____ mos. ____ ds. State Where was disease contracted. if not at place of death?..... of A usual residence O mportant. 19 PLACE OF BURIAL OR REMOVAL Every H DATE OF BURIAL 15 20 UNDERTA ADDRESS 8 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the diberable Caubing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinoses

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 2 1918
BUREAU, V.S.

OCCUPATION PHYSICIANS RECORD PERMANENT classified. proper supplied. may certificate ō back terms plain instructions Information of Inlor DEATH item OF mportant. ш Every

> m ż

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. [If death occurred in St.;....Ward) a hospital or institution, give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at f day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF FATHER , 191.3. (Address) 11 BIRTHPLACE L OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the State or country yrs. mos. ds. State yrs, ____ mos. Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER

If more blank, are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

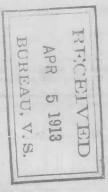
[Approved by U. S. Census and American Public Health Association.]

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(a) Spinner, (b) Cotton mill; (a) Salesman, (b)

Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; the nature of the business or indust; and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho receive a definite salary), may be entered as material worked on may form part of the second ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionaeum, etc., Carcin-

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.

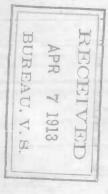
1 PLACE OF DEATH COSCWOOD	of State STATE OF MARYLAND
County & allimore Time	CERTIFICATE OF DEATH
- min	Registered No. 33
Village or City Jurings Million	St; Ward) St; Ward) St; Ward) i [if death occurred in a hospital or institution give its NAME instead of street and number.]
* FULL NAME ORUM 16. SILL	Water and women.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWEO, OR DIVORCED (Write the word)	16 DATE OF DEATH 11 ASCA 12 , 191.3 (Year)
6 DATE OF BIRTH (Write the word)	17 I HEREBY CERTIFY. That I stiended deceased from
(Month) (Day) (Year)	that I last saw h ham alive on Manch 1/11, 191 3
7 AGE It LESS than t day,	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows;
8 OCCUPATION (a) Trade, profession, or	Thyundry James
particular kind of work. (b) General nature of industry, business, or establishment in	(Ouration) O yrs, 4 mos O ds.
which employed (or employer) BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF Zorth Z. Sullivan	(Signed) /
11 BIRTHPLACE OFFATHER (State or country) Many Land	*State the DISEASE CAUSING DEATH, OF An deaths from VIOLENT
12 MAIDEN NAME OF MOTHER MANUAL	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds state yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or
(Address) Ohing mills	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Mickel 2, 1913 Am Slade	20 UNDERTAKER ADDRESS
REGISTRAR	r, 6 E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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MARGIN RESERVED FOR BINDING

V. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT N.B.

County Baltin ose 3327	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 4
Village or City Highland (No. 3312). *FULL NAME Mary So.	Castern Unt St.; Ward) [It death occurred in a hospital or lostitution, give its NAME lostead et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remale White (Single, Midowed)	16 DATE OF DEATH Masch 10, 1913 (Month) (Day) (Year)
© DATE OF BIRTH (Month) (Day) (Year)	that I last saw her alive on " 9 1913
7 AGE (Month) (Day) (Teat) 1 t LESS than 1 day,	and that death occurred on the date stated above, at 3 15 m. The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Couldy State of the state of th
9 BIRTHPLACE (State or country) Germany	(Secondary) (Seration) yrs mos ds.
10 NAME OF Valentine Born 11 BIRTHPLACE	(Signed) Chastiles, M.D. 3/2/2, 191 (Address of Plate Hiller)
11 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME OF MOTHER MAT Huown	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Mot / Convoca	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds. State yrs, mos ds.
(Informant) Liquit Swanson	Where was disease contracted, It not at place of death? Former or usual residence.
16 SIA 13- 19 BULL SHE Clauden M.	Morris Carnel Cen Manh 1918. Address
REGISTRAR	Adduder Hous 1700 Cantally

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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APR 5 1918
BUREAU, V.S.

*	KIIE PL	AINL	N . 1	5	משב	2010	_		2 2	4	FKE	ANENI	WRITE PLAINLY, WILL UNFADING INN-INIS IS A PERMANENT RECORD	
Every Item	of Inform	ation	pinoda	pe	carefully	Iddus /	led.	AGE S	4 binou	e sta	ted E	XACTLY.	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou	shou
CAUSE OF	DEATH I	n plair	n term	5, 50	that it	t may	be i	properly	classif	ed. 1	Exact	statement	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION	TION
Important. See instructions on back of certificate.	See Instru	ctions	on ba	ck of	certific	ate.								

15

state

D 10

MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX 4 COLOR OR RACE MARRIED. widowed, Swyl ORDIVORCED (Write the word) 6 DATE OF BIRTH 26 (Month) 7 AGE If LESS t t day, yrs. mos. BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) ARI 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 4 2

.Ward)

lit death occurred in

101 3

a hospital or institution, give its NAME Instead of street and number. T

	h) (Day) (Year)
17 I HEREBY CERTIFY, TI	hat I attended deceased fro
, 191, to	, 191
that I last saw halive on	
and that death occurred on the date st	ated shows at
The CAUSE OF DEATH* was as follow	
Still Bom	
1 Primature Sefran	Lien Placente
(Duration)	Wro man
(Secondary)	8 * 8 * 4 * 4 * 6 * 6 * 6 * 6 * 6 * 6 * 6 * 6
	yrsmos
(Signed) Geold Chire	set
March 26, 191 3 (Address) St	
*State the DISEASH CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	and (2) whether Acciden
18 LENGTH OF RESIDENCE (FOR HOSPIT	ALS. INSTITUTIONS TRANSPRIE
OR RECENT RESIDENTS)	TOO THE TOTAL OF THE TENT
At place in th	ho .
At place in the ot death yrs mos ds. Sta	te yrs, mos d
ot death yrs mos ds. Sta Where was disease contracted,	ie yrs, mos d
of deathyrsmosds. Sta Where was disease contracted, It not at place of death? Former er	te yrs, mos d
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of death yrs. mos. ds. Sta Where was disease contracted, It not at place of death? Former cr usual residence.	PATE OF BURIAL
of death yrs. mos. ds. Sta Where was disease contracted, It not at place of death? Former cr usual residence. 19 PLACE OF BURIAL OR REMOVAL Ship Place Community	te yrs, mos d
of death yrs. mos. ds. Sta Where was disease contracted, It not at place of death? Former cr usual residence.	PATE OF BURIAL

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If more blanks are needed, address State Regi

REGISTRAR

[Approved by U. 8. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons fication, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-losis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUEEPEEAL peritonitis," etc. childbirth or miscarriage, as "Purpural septichaeetc., when a definite disease can be ascertained as the mus," • "Old Age," "Shock," "Uraemla," "Weakness," "Rart fallure," "Haemorrhage," "Inaultion," "Marasture of the American Medical Association. "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle," etc.), (Recommendations on statement of (disease causing death), 29 ds.; terminal conditions, such as "As-"Dropsy," (name origin; "Can-State cause for "Exhaustion, Examples: For VIO-



PHYSICIANS should state of OCCUPATION is very

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AGE should be stated EXACTLY.

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See instructions on back of certificate.

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-Every Item of information should be CAUSE OF DEATH in plain terms, so

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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[If death occurred to

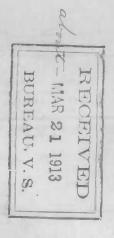
	2FULL NAME Edward .	Taylor institution, give its NAME Instead of sfreef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 8	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY GERTIFY. That I attended deceased from
6 D	ATE OF BIRTH (Month) (Day) (Year)	that I last sew h see silve on Mek 6, 1913,
TAG	47 yrs. 8 mos. 2 4 ds. or min.?	and that death occurred on the date stated above, atm, The GAUSE OF DEATH * was as follows:
(a) pai (b) bus	CCUPATION) Trada, profession, or Phot Engrave ritcular kind of work General nature of Indusfry, iness, or establishment in Ich employed (or employer)	Palianstein pen gen Parens. (Duration) yrs. 2 mos. os.
RENTS Sas	10 NAME OF Edward Sayler 11 BIRTHPLACE OF FATHER (State or country) England	(Signed) (Buration) yrs. mos. ds. (Signed) (Signed) (Address) (Ad
PAR	13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death
	(Informant) he mis Ed S. Jayler.	Former or usual rasidence Where was disease contracted, if not at place of death? Callurate Made
15 FII	(Address) 27 26 Varfword We, Balte led March 7, 1913 Marshall B Wish REGISTRAN If more blanks are needed, address State Regis trar, 6	DATE OF BURIAL LOUNDERTAKER ADDRESS ADDRESS AND PLANTAGE AND PLANTA
	in more office are needed, address otale Regis trar, o	E. Franklin St., Balto., Kequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fleation, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulbeen changed or given up on account of the DISEASE (a) Spinner, it should be used only when needed. For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the dibease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin

"Contributory." Accidental drowning; Struck by railway train—accichildbirth or miscarriage, as "l'uerperal schiichae mus," "Old Age," "Shock." valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencla sepsis, tctanus) injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably LENT DEATHS STATE MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maran "Collapse." "Come." "Convuisions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ampie: Mcastes (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ture of the American Medical Association.) The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Cundeath), 29 ds.: Examples:



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RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No... -Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH alive on (Day) (Year) (Month) It LESS than 7 AGE and that death occurred on the date stated above, at t day hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) State or country (Secondary) appendent 10 NAME OF (Address) & P 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country yrs. mos. ds. State yrs. mos. ... Where was disease contracted. It not at place of death? Former or usuai residence. PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER Hopkins

[If death occurred in

a hospital or institution.

give its NAME instead of street and number. 1

DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

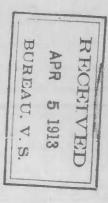
[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING NEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Turerenal scottchaeetc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Marascause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



BINDING FOR RESERVED MARGIN

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City Wortes (No. 2) *FULL NAME Saturne Marie	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 42 [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sounds White Single, Widows, or Divorce (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1913, to 1913,
(Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs mos cs. Contributory depositely successed
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) JIS mos ds. (Address) JIS mos ds. (Addre
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death
(Address) (Address)	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ALLE ALLE ALLE ALLE 20 UNDERTAKER ADDRESS 103 Malany 6 E. Franklin St., Balto, Requesting V. S. No. 1.

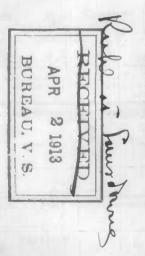
[Approved by U. S. Census and American Fublic Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," Farmer or Planter, As examples: For persons "Foreman," -Coal

Statement of cause of death—Name, first, the disease causing death—it is primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubists of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. For vromia," "TUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purperral scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of .. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory Aiways qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



OCCUPATION RECORD PERMANENT Exact properly INK UNFADING 00 WITH back terms, 00 pialn Instructions 5 X EAT 10 Q Item OF mportant. Every

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3332 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. [It death occurred in .Ward) a hospital or lostitutico. give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH Murch 5 SINGLE, 4 COLOR OR RACE SSEX WIDOWED, OR DIVORCED (Write the word) (Month) (Day) I HEREBY CERTIFY, That I attended deceased from OF BIRTH Ontoba 7 . 191 2 to 24 that I last saw h alive on (Year) (Day) If LESS than TAGE and that death occurred on the date stated above, at ... 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) -----Contributory State or country) (Secondary) 10 NAME OF (Signed) 11 BIRTHPLACE Z OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) ш CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER ot death _____ yrs. ___ mos, __ (State or country State yrs, ____ mns. Where was disease contracted. It not at place of death?-Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are assedd, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1. Lowano

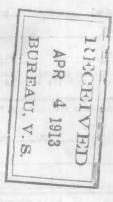
[Approved by U. S. Census and American Public Health
Association.]

For many occupations a single word or term on the ness of various pursuits can be known. The question first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite sainry), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," But in many For persons

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherta (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

childbirth or miscarriage, as "Purrersal septichaecause of death approved by Committee on Nomenciasepsis, telanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUST and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Ohronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for mailgture of the American Medical Association.) "Contributory." which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of "Old Age," "Shock," "Uraemia," "Weakness," Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-State cause for "Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact atstement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR W. B. No. 1.

	PLACE OF DEATH 3333	STATE OF MARY CERTIFICATE OF	
Ge	ounty / accorded	Registered	No. 35
V	PULL NAME MANY A.	St; Ward)	[If death occurred in a hospital or lostitution, give its NAME lostead of street and number.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DI	EATH
3 SE	Amele Aprile Stander Married, Middle Widowed, Write the word)	(Month)	(Day) , 191/3 (Year)
6 p	(Month) (Day) (Year)	that I last saw her allve on Medi	nded deceased from
7 AC		and that death occurred by the date stated abo	w, and I m.
(a) par	Trade, profession, or Housewife		***************************************
busi	General nature of Industry, ness, or establishment lo the employed (or employer) RTHPLACE ate or country) An And And And And And And And And And A	Contributory Hypolichic (Secondary)	8. mos ds.
TS	10 NAME OF Richard Richards 11 BIRTHPLACE	(Signed) (Address) (SC)	*
ARENI	OF FATHER (State or country) Mary and 12 MAIDEN NAME OF MOTHER MARY AND	State the DISEASE CAUSING DEATH, OF, CAUSEN, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	aths from VIOLENT whether Acciden-
Р	13 BIRTHPLACE OF MOTHER (State or country) May and	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INST OR RECENT RESIDENTS) At place in the of death	TS, ds.
	Informant)	Where was disease contracted, If not at place of death? Former or Usual residence.	
15 File	March > 1913 Hury G. Maylor GEGISTRAR	Nampstead M	TE OF BURIAL LAW 8 1913 DRESS PRESSILL
	If more blanks are needed, address State Begistra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1	•

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

affection need not be stated unless important. such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUEEPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral septiehac etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genitai," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned LENT DEATHS State MEANS OF INJUBY and qualify as is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Miways qualify all diseases resulting from (Recommendations on statement of (name origin; "Can "Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 5 1913
BUREAU, V.S.

PERMANENT WITI

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Ballimer Registered No. 36 OCCUPATION Ilf death occurred in PHYSICIANS a hospital or Institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH statement PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWEO. (Month) Write the word) I HEREBY CERTIFY. That I sttended deceased from that I last saw h ... (Day) Month) 7 AGE It LESS than and that death occurred on the date stated above, at 1. t day hrs. The CAUSE OF DEATH* was as follows: OR .. min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment lo (Duration) may which employed (or employer) Contributory certificate. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 00 Macu 10, 191 3. (Address) ARENTS 11 BIRTHPLACE OF FATHER
(State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, d OR RECENT RESIDENTA Instructi 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State yrs. mos. DEATH Where was disease contracted. it not at place of death?. Former or CAUSE OF usual residence. mportant. DATE OF BURIAL 15 20 UNDERTAKER B REGISTRAR While ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

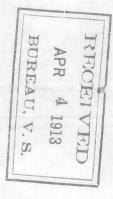
[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Honsekcepers additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease is a disease accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinospinal cause of lungs, meninges, peritonaeum, etc...

cause of death approved by Committee on Nomenciascpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichae. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _ The contributory (secondary or Intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), (Recommendations on statement of terminal conditions, such as "As-"Dropsy," "Exhaustion," (name origin; "Candeath), 29 dx.; For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



PERMANENT RECORD 4 PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE

B. No.

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tate	GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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1 PLACE OF DEATH

3335

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St :----Ward)

[If death occurred in a hospital or Institution, give its NAME lostead of street and number.]

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIEO, WIDOWED, OR OIVORCEO (Write the word)	16 DATE OF DEATH About Murch 24 7 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH (Month) (Day) (Year)	
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at m, The GAUSE OF DEATH* was as follows: Towned diad From Roland Park - Shite Jemale infan
COCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment to which employed (or employer)	dying com after an affected normal brith - 200 algers of four flag - cord not trid - lungs sefunded (Doration) yrs. nos. as.
9 BIRTHPLACE (State or country) Williams	Contributory (Secondary) (Dyration) / yrs mes ds.
O 11 BIRTHPLACE OF FATHER	(Signed) Syd Eucham A- Clarka, M.D. 2222222222222222222222222222222222
(State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the of death yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, It not at place of death? Former or usual residence.
(Address). 15 Filed Gyl, 1913 Claud Saning REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL St Marys Hample France 2. 9,191 3 20 UNDERTAKEN ADDRESS Chestrus the

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: (0)

Statement of cause of death—Name, first, the dibease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

Ballocler O. Shine

ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-State cause for Never report Examples:

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

1 PLAGE OF DEATH	3336 STATE OF MARYLAND
County Balto	CERTIFICATE OF DEATH Registered No. 44
VIIIage or City Highlandlaure (No. 511)	Bauldan St.; Ward) [If death occurred is a hospital or lostitution, give its NAME instead of street and comber.]
* FULL NAME	desires and the second
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While (Write the word)	(Month) (Day) (Year) 170 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH (Month) (Day) (Year)	Theh 6", 1913, to Mach 3", 1913, that I last saw has alive on Mek 9", 1913
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, st. 7 R, m, The CAUSE OF DEATH* was ss follows:
a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Freunt total (Duration) yrs. mos. 7 ds.
State or country)	Contributory (Secondary) (Beration) yrs mos ds.
10 NAME OF FATHER OF WARDEN OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OTHER	(Signed) Selvyet Wherlam, M. B. Mch 9, 191 2 (Eddress) 2 2 Education *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of deathyrs,mosds.
(Interment) Elizabeth Turadelette	Where was disease contracted, If not at place of death? Former or usual residence.
File Dear, 9. 191 St. E. M. Claudian M. REGISTRAR	DATE OF BURIAL March, 1918 OUNDERTAKER ADDRESS
	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthfulminc, etc. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

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such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purpresal septichaecause. Aiways qualify ail diseases resulting from mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart fallure," "Haemorrhage," "Inaultion." "Maras-"Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms) ; Measles; Whooping cough; Chrosic cer" is iess definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of _ ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or Intercurrent) "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of _ (name origin; "Can-State cause for Examples:

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RECEIVED
APR 5 1913
BUREAU, V.S.

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3337 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS County Registration Dist. No. ...Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIOOWED, (Month) OROIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH classified. (Month) (Day (Year) 7 AGE If LESS than 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work pe (b) General nature of Industry, business, or establishment in тау (Duration) which employed (or employer) & certificate. 9 BIRTHPLACE (State or country) Contributory Secondary that (Duration) 10 NAME OF FATHER 50 back Inch 17, 1913 (Address): ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain Instructions OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of inform DEATH of death yrs. mos. ds. State yrs. Where was disease contracted. See KNOWLEDGE If not at place of death? Former or OF (Informant) & Every Item CAUSE OF Important. usual residence. 16 20 UNDERTAKER REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

fif death occurred in

a hospital or institution,

give its NAME Instead of street and number.]

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[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a): Spinner, Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," Farmer or Planter, As examples: "Foreman," (6)

CAUSING DEATH (the primary affection with respect to term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted pneumonia"); "Croup";) ("Pneumonia," fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE of lungs, meningitis"); Typhoid Lobar pneumonia; Bronchopneumonia meninges, peritonaeum, etc., unqualified, is indefinite): Tubercufever (never report "Typhoid Diphtheria (avoid use "Epidemic cere-Carcin-

> nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Tuerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-

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MARGIN RESERVED FOR BINDING

si NOI PHYSICIANS shou RECORD Exact statement PERMANENT classified. 4 S INK-THIS properly supplied. be UNFADING may certificate. that 50 back terms, should plain Instructions Information = DEATH NRITE See jo Item OF mportant. ld. CAUSE

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STATE OF MARYLAND 1 PLACE OF DEATH 3338 CERTIFICATE OF DEATH County... Registered No. Ilt death occurred loWard) a hospitel or institution, give its NAME instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL GERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED (Month) (Day) Write the word I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Day) (Year) (Month) 7 AGE It LESS than and that death occurred on the date stated above, at 1 dayhrs. OR min. ? SOCCUPATION (a) Trade, protession, or particular kind of work (b) Seneral nature of industry, business, or establishment to (Duratioo) which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) (Duratioo) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from Violunt Causes, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted. it not at place of death? Former or (Intermant) usual residence DATE OF BURIAL (Address) 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Boto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: "Foreman,

Statement of cause of death—Name, first, the disease causing death—In with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perifonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always quality all diseases resuiting from (Recommendations on statement of (name origin; "Candeath), 29 Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
APR 2 1913
BUREAU, V.S.

3339 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH should in Registered No. PHYSICIANS shou St:....Ward) a hospital or lostitution. RECORD give its NAME lostead of street and number. 3 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement RMANENT 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day) Write the word) L HEREBY CERTIFY, That I attended deceased from Exact 6 DATE OF BIRTH morun (Day) (Year) (Month) If LESS than TAGE and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: OR 7 (a) Trada, profession, or INK particular kind of work. (b) General nature of Industry. supplied. pe FR> business, or establishment in may which employed (or employer) Contributory 1 BIRTHPLACE (Secondary) (State or country) oarefully that 10 NAME OF FATHER of ARGIN terms, 11 BIRTHPLACE should Z *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT (State or country CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Information OR RECENT RESIDENTS) 13 BIRTHPLACE 2 lo the At place OF MOTHER of death _____ yrs. ___ mos. ___ ds. State yrs, ____ mos, (State or country) EATH Where was disease contracted. If not at place of death?..... 0 Q Former or (Informant) Item 10 usual residence. Important. L DATE OF BURIAL CAUSI Every 15 1 REGISTRAR ż If more blanks are needed, address State Registrar & E. Franklin St., Balto.

fif death occurred to

191.3

(Year)

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indito know (a) the kind of work and also (b) Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, the second The

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, totanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUEBPEBAL peritonitis," childbirth or miscarriage, as "Purereral septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State (name origin; "Can-Examples: cause for For vio-

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APR 4 1913
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

PLACE OF DEATH

PLACE OF DEATH 3340	STATE OF MARYLAND
County Baltiman	CERTIFICATE OF DEATH
County / Lacountary	Registration Dist. No. 49
Village or City It agus (No. Fash	Mard) [If death occurred to a hospital or institution, give its NAME instead
* FULL NAME Herman	Weinstein of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH March 2 3, 191 3
Colore of Birth Colored 25, 1916 (Month) (Day) (Year)	March 19, 1913, to March 23, 1913, that I last saw h 122 alive on March 23, 1913
7 AGE if LESS than	and that death occurred on the date stated above, at 3 m,
2 yrs // mosds. 1 day,hrs. ormin. ?	The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Frade, profession, or particular kind of work Cald	Troucles freuenousas
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration)yrsmesds.
9 BIRTHPLACE (State or country) Mary land	Contributory Cardine Failust (Secondary) (Duration) yrs mos ds.
10 NAME OF Srael Weinstein	(Signed) Edward & Burtlett, M.D.
V 11 BIRTHPLACE OF FATHER (State or country) MANAGE OF STATE (State or country)	March 23, 191 3 (Address) ST. agnes Hospital
(State or country) (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Pussia	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
(Informant). Leval Weinsteam	If not at place of death?————————————————————————————————————
(Address) 2005 Cagle St	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Thebun Ward Road March 27/191 3
Filed March 2191 3 Geo G Stoward My REGISTHAR	Mr human 16 20 McClebry
If more blanks are needed, address State Registra.	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the dibease causing death (b) primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc., Carcinosis

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APR 2 1918
BUREAU. V.S.

PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT be stated EXACTLY. Exact properly classified. should UNFADING INK-THIS AGE carefully supplied. that It may be DEATH in plain terms, so information should be

certificate.

on back of

See instructions

CAUSE OF DE important. See

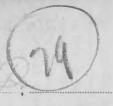
N. B.

vi.

PLACE OF DEATH
County Ballarrare

Village or City Jours or

3341



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.;....Ward)

[If death occurred in a hospital or institution, give Its NAME Instead ut street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, MIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 L HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH Sept 25 , 1867 (Month) (Day) (Year)	that I last saw hereally on march 19: 1913.
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 10 9 m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry,	
business, or establishment in storie masory which employed (or employer)	Gontributory (Duration) yrs. mos ds.
9 BIRTHPLACE (State or country)	(Secondary) (Duration) yrs., mos. ds.
on 11 BIRTHPLACE	(Signed) fames of family, M. D.
OFFATHER (State or country) Jerry arry 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER 21 ary criller 13 BIRTHPLACE OF MOTHER (State or country) Jenns any	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant). Were Denny weigh	Where was disease contracted, It not at place of death?
(Address). Jorson	MA Warie Cens Date of Burial an and 28, 1913
FILED MANS 4 1913 Clause Donner REGISTRAR	20 UNDERTAKER ADDRESS Lolar Bury Sorg Jouson
If more hlanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perifonaeum, etc.. Carcin-

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PLACE OF DEATH 3342	STATE OF MARYLAND
County Balto	CERTIFICATE OF DEATH
County	Registered No. 40
Village or City When July (No.)	Were St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw here allive on Record 19, 1913.
⁷ AGE It LESS than	and that death occurred on the date stated above, at 1/300 m,
39 yrs. 9 mos. 9 ds. ORmin.?	The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	fragly Single GLO! (Duration) 2 yra mos. 205.
State or country) Virgina	(Secondary) (Doration) 2 yrs./ mos. ds.
FATHER Courad Wise	(Signed), tett 2001, M.D. AMN 20, 191 3. (Address) Toril Vid
OFFATHER (State or country) erman	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
(Informant)	Where was disease contracted, it not at place of death? Former or usual residence
(Address) When - Falls Ind	St Stephen Courty March 22,1913
Filed Mar 20, 191 3 L. T. H. Forme Chy.	David Many daves Par daline
if more blanks are needed, address State Registrar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—In all respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid nse of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," LENT DEATHS state MEANS OF INJURY and quality as "Heart failure," "Haemorrhage," "Inanition," "Marasgenltai," "Senile," etc.), "Coliapse." "Coma," "Convnlsions," "Debility" ("Conample: Measles (disease causing death), 29 ds .; thenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not he stated unless important. valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) may be stated under the head of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING

1

1 PLACE OF DEATH 3343	STATE OF MARYLAND CERTIFICATE OF DEATH
County Sava Conney 31	Foughts Registration Dist. No. 41
Village or City Highlandian (No. 17)	St.; Ward) [If death occurred is a hospital or institution give its NAME instead of street end number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Sungle MARRIED, WIDOWED.	16 DATE OF DEATH (Month) // (Day) (Year)
B DATE OF BIRTH 18 70	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h & alive on 10 Marsh 191.3
7 AGE If LESS than 1 day,brs.	mat that death occurred on the date stated above, at
3' 3 yrs. mos. ds. OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION (2000) (a) Trade, profession, or particular kind of work	
(b) General nature of Industry, business, or establishment in which employed (or employer) :	(Ouration) yrs. mos. ds
9 BIRTHPLACE (State or country) Back Ch	Gontributory (Secondary)
10 NAME OF Plan Header	(Signed) (Od No accept M), M. D
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, OF In deaths from Vive
12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) 54 Start Start	USUAL TESIDENCE
"Memele 13 10th Me Claushow &	Holy Reference Consclere March 14, 191 3
REGISTRAR	Denny Horek Sen 1301 E Eager &
If more blanks are needed, address State Regis trar, 6	8 E. Franklin St., Balto., Requesting V. S. No. 1.

Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman." additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Mousewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freeman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age hess of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to thine and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dever (never report "Typhoid dever (never report "Typhoid dever (never report "Typhoid dever ("Fneumonia"); Lobar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) "Contributory." lnjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puerperal septichae etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock." 'Traemia," "Wcakness," cause of death approved by Committee on Nomencla schsis, tctanus) by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neophasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of "Hart fallure," "Haemorrhage," "Inanition," "Maras Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.: State cause for Examples: For vio-

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RECEIVED
APR 5 1913
BUREAU, V.S.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 15 FOR WRITE PLAINLY, WITH UNFADING INK-THIS RESERVED MARGIN

No. 'n

m ż 1 PLACE OF DEATH

3311

County Battery	CERTIFICATE OF DEATH
ooulity	Registration Dist. No. 30
Village or City Elli colly & (No. Trop.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
2FULL NAME from thing	J. C. Sarah
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, ORDIVORCES (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from 1913, to nach 5th, 1913, that I last saw h. alive on March 5th, 1913.
TAGE It LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	Chronic Cataral Browships Cutures chronic (Duration) 3 yrs. mos. ds.
which employed (or employer) BIRTHPLACE (State or country) Salthiam & Ar	(Secondary) (Ouration) yrs 3 mos 15 ds
10 NAME OF FATHER Thin Wishing	(Signed) Jeling har gill , M. D. man ch 12/, 1913 (Address) Calinaville
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENCE) At place In the ot death
(Informant) Chashae MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
(Address) (va formall)	Lalen Sutheran Cemetery March 14, 1913
Filed march 13, 1913 marshall Blust REGISTRAR	20 UNDERTAKER ADDRESS Ellevolt leuter
If more blanks are seeded, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1,

STATE OF MARYLAND

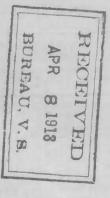
[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers additional line is provided for the latter statement; the nature of the business or industry; and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) eause of death approved by Comulttee on Nomencia scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage, as "Tuesperal schiichaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. The contributory Revolver wound of head-homicide; Poisoned "Old Age," "Shock." 'Traemia," "Weakness," Mways qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (secondary or intercurrent (name origin; "Can-State cause for Never report Examples:

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3345 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. marke St:Ward) a hospital or institution. RECORD give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 3 SEX 4 COLOR OR BACE MARRIED WIDOWED (Month) (Day) (Year) (Write the word) I HEREBY CERTIFY, That I attended deceased from nuce (Month) (Day) (Year) If LESS than TAGE and that death occurred on the date stated above, at 1 day hrs. no mas. no OR min. ? BOCCUPATION 5 (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Address) 11 BIRTHPLACE ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death _____ yrs. ____ mos. ____ ds. (State or country) State ____ yrs, ____ mos. EATH Where was disease contracted. If not at place of death?. jo 0 Former or 10 usual residence. Important. ш POTE OF BURIAL EVERY 15 20 UNDERTAKER ADDRESS m If more blanks are needed, address State Begis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

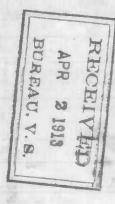
[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers statement. Grocery: (a) Foreman, (b) Automobile factory. The material worked on may form part of the second who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation bas gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal mendigitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcin-

cause. Always qualify all diseases resulting from cause of death approved by Committee on Nomencla childbirth or miscarriage, as "Purrent septichacture of the American Medical Association.) "Contributory." schsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mally Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of _ The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Examples:

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

County Ballemon 3346	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Ofighlandtown 816	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mah Color or BACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH March 47, 1913 (Month) (Day) (Year)
8 DATE OF BIRTH March (Month) (Day) (Year)	that I last saw h wallve on March 3. 1913.
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3. 45 m. The CAUSE OF DEATH * was as follows:
particular kind of work	(Ouration) mos. ds. Contributory (Secondary)
10 NAME OF FATHER John Hill 11 BIRTHPLACE	(Signed) (Suraflon) yrs. mos. ds. (Signed) David W. Junes, M. D. Rich S., 191 3 (Address) 3/16 Officiall of
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MOTHER MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Germ any	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds
(Informant) Ohn Will (Informant) Ohn Ovil	Where was disease confracted, it not at place of death? Former or usual residence
15 Filed March 5- 191/19. Me Clausliew Mr.	Oroly Prolection Market 1913
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING BEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industy; and therefore an applies to each and every person, irrespective of age Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm Saborer, Laborer—Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Pursperal scottchac ture of the American Medical Association.) "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. LENT DEATHS STATE MEANS OF INJURY and qualify as accidental, suicidal, of homicidal, or as probably which surgical operation was undertaken. For viomia," "Puerperal peritoritis," etc. mus," "Old Age," "Shock," "Traemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition." "Maras. Bronchopncumonia (secondary), 10 ds. Never report affection need not he stated unless important. valvular heart disease; Chronic interstitial arphritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Measles (disease causing death), 29 Always qualify all diseases resulting from "Senife," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 5 1913
BERFAU. V.S.

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W. B. No. 1.

PLACE OF DEATH 3347	STATE OF MARYLAND CERTIFICATE OF DEATH
County 19 WU 6	Registered No. 33
VIIIage or Cityllan Pleasant Helfro.	Mard) St; Ward) [if death occurred in a hospital or institution, give its NAME instead of streat and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale white Single, widow Write the word)	18 DATE OF DEATH March (Month) 25 (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from
(Mouth) (Day) (Tear)	that I last saw her slive on Manda 24 , 1913,
BOCCUPATION TO MOS. 16 ds. 1 day,	and that death occurred on the date stated above, st. 4 200 m. The CAUSE OF DEATH * was ss follows:
(a) Trada, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) / 3 yrs. mos. ds. Contributory (Secondary)
OF FATHER OF MUTTY 11 BIRTHPLACE OF FATHER (State or country) Carroll Co Md 2 MAIDEN NAME OF OF MOTHER OF MOTHER	(Signed) AN HITTO (Signed) AN
12 MAIDEN NAME OF MOTHER Sarah Echelus 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was diseasa contracted, If not at place of death? Former or usual residence
Filed Med 26, 191 2 Norsled REGISTRAR	19 PLACE OF BURIAL OR REMOVAL WISH minutes Ma Man 27, 1913 20 UNDERTAKER ADDRESS AUGUSTON
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iilof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers it should be used only when needed. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples:

Statement of cause of death—Name, first, the dibease causing death—Is affected with respect to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal menibgitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopicumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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BINDING 0 ERVE C MARGIN

OCCUPATION IS RECORD 0 statement PERMANENT Exact ciassified. 4 pe U property INX supplied. pe UNFADING may WITH should PLAINLY piain ormation = EATH OF 0 CAUSE 0 ż

STATE OF MARYLAND 1 PLACE OF DEATH Very CERTIFICATE OF DEATH Registration Dist. No.. Ilf death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and numbor.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 6 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Day) ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at f dayhrs. The GAUSE OF DEATH * was as Inllows: OR min. ? Meunge BOCCUPATION (a) Frado, profossion, or particular kind of work (b) Goneral nature of industry, business, or establishment in (Duration) which employed (or employer) that it mi Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 000 terms, , 191 . G (Addross) 11 BIRTHPLACE OF FATHER (State or country) M *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER Instructions 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE Af place in the OF MOTHER (State or country) _____ yrs. mos, .. State Whore was disease contracted. if not at place of doath? osual rosidence. mportant. DATE OF BURIAL Marele 6 15 20 UNDERTAKER ADDRESS REGISTRAR 419 Maslen S

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," For persons (4)

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RECEIVED
APR 2 1918
BUREAU, V.S.

STATE OF MARYLAND PLACE OF DEATH state CERTIFICATE OF DEATH Baltonoon P 8 CCUPATION I Registration Dist. No. lit death occorred is a hospital or institution. give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX S SINGLE. 4 COLOR OR RACE MARRIED. WIDDWED. (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Day) (Year) TAGE It LESS than and that death occurred on the date stated above, at C. 1 day,hrs. OR 7 BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. pe business, or establishment lo may which employed (or employer) that it m Contributory 9 BIRTHPLACE (Secondary (State or country) 10 NAME OF FATHER (Signed) 50 (Address) back 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidenuo 2 12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. plain V OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE _ At place OF MOTHER (State or country) yrs. mos. State Where was disease contracted. KNOWLEDGE it oot at place of death?. usuai residence. Every Item CAUSE OF Important. REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Begistrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

3349

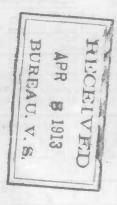
[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative mealthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

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V. S. No. 1.

4

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.-Every item of information should be

Village or City Salks (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No
* PULL NAME Francis Fore	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fernale Glack Single, MARRIES, Single OF STREET, WIDDWED, OF OF OFFICE (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	that I last saw h alive on, 191
AGE If LESS than 1 day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
COCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	ont any medical attention but himing fattanted to family for 6 years of the deather of the description of th
(State or country) Balty Co	(Secondary) (Secondary) (Daration) (Daration) (Secondary) (Daration) (Secondary)
10 NAME OF FATHER ASSISTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed), 1813. (Address), M. D. *State the Disease Causing Death or, in deaths from Violent Causes, state (1) Means of Inver; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER AND WILSON 13 BIRTHPLACE OF MOTHER (State or country) Ballo Co	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
(Informant) B M Shurmantin h 0-	Where was disease contracted, If not at place of death? Former or usual residence.
6 Made 19 Demonson	19 PLACE OF BURIAL OR REMOVAL Attrofond St Luke Crus Morelly, 1913 20 UNDERTAKER ADDRESS ADDRESS
REGISTRAR	Matthew Phoney Me

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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BUREAU, V.S.

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PLACE OF DEATH 3351	STATE OF MARYLAND
County / Salls	CERTIFICATE OF DEATH
VIIIage or City Louden Parked yle	St.; Ward) [If death occurred in a hospital or institution, give its MAME lostead
*FULL NAME anue J. Zuck et street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenule orhite (Write the word)	16 DATE OF DEATH March 19, 1913. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw head alive on March 18, 1913.
7 AGE 11 LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) Control potential industry.	Julinanay Tuterculary
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory
9 BIRTHPLACE (State or country) Incl	(Secondary) (Ouration) yrs mos ds.
11 BIRTYPACE	(Signed) Haward W Jane M. D. March 19, 1913 (Address) Junia Can
11 BIRTYPACE OFFAHER (State of country) 12 MAIDEN NAME OF MOTHER ACTION 14 OF MOTHER ACTION 15 DE TOUR DE T	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos ds.
(Interment) John N. 3 into	Where was disease contracted, if not at place at death? Former or usual residence.
(Modress) Wilken Clor	nelvale Center Charles Man. 21, 1923
Filed march 20, 1813 Marshall B. Worth	Coulortaker 30 x6. Howhay
If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

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APR - 8 1913

BUREAU. V. S.